## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # V29424** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name DENTS PLUS, INC. 04-20-2000 90111 024 \*\*\*150.00 Principal Place of Business Mailing Address 2960 HARTLEY ROAD W 2960 HARTLEY ROAD W JACKSONVILLE FL 32257 JACKSONVILLE FL 32257-8221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3115981 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SLOTT, ARNOLD H. Street Address (P.O. Box Number is Not Acceptable) 334 EAST DUVAL STREET JACKSONVILLE FL 32202 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DP TITLE TITLE ☐ Change ☐ Addition ☐ Delete BLOCK, WILLIAM A. NAME NAME 2960 HARTLEY RD W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE JACKSONVILLE FL ☐ Change ☐ Addition ☐ Delete TITLE BLOCK, ANDREW M. NAME NAME STREET ADDRESS STREET ADDRESS 2960 HARTLEY RD W CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL Change Addition ☐ Delete TITLE TITLE **BLOCK, MICHELLE** NAME NAME STREET ADDRESS 2960 HARTLEY RD W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Addition Change ☐ Delete TITLE **BLOCK, JEFFREY** NAME 2960 HARTLEY RD W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE Delete Change Addition **BLOCK, BEVERLY** NAME 2960 HARTLEY RD W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE **BLOCK, ANDREW M** NAME NAME STREET ADDRESS 2960 HARTLEY RD W STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and a curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an addless with a porter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

904-268-2999

Daytime Phone #