2003 FOR PROFIT CORPORATION

FILED May 29, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** V41218 DOCUMENT # 05-29-2003 90131 008 ***150.00 1. Entity Name TRI TECH DENTAL STUDIOS, INC. Principal Place of Business Mailing Address 2922 N. STATE ROAD #7 5322 N.W. 116TH AVE. MARGATE FL 33063 CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 65-0347626 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent_ WHITNEY, SHARI Street Address (P.O. Box Number is Not Acceptable) 5322 N.W. 116TH AVENUE **CORAL SPRINGS FL 33076** City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition TITLE . 🔲 Delete ☐ Change NAME BASKIN, DAVID NAME STREET ADDRESS 5322 N.W. 116TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete TITLE ☐ Change Addition TITLE . NAME WHITNEY, SHARI STREET ADDRESS STREET ADDRESS 5322 N.W. 116TH AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete ☐ Change Addition TITLE NAME NAME **STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. Thereby 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 accurate 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 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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affachment

Gerald M. Pepper & Associates, P.A.

8012189

Certified Public Accountants

MEMBER

American Institute of Certified Public Accountants Florida Institute of Certified Public Accountants New York State Society of Certified Public Accountants Colonial Place, Suite 114 1515 University Drive Coral Springs, Florida 33071 (954) 755-5007

MAY 27, 2003

UNIFORM BUSINESS REPORT DIVISION OF CORPORATIONS PO BOX 1500 TALLAHASSEE FL 32302

RE: TRI TECH DENTAL STUDIOS INC

GENTLEMEN:

ENCLOSED IS THE 2003 UNIFORM BUSINESS REPORT OF THE SUBJECT CORPORATION. MR. BASKIN IS 78 YEARS OLD AND IS HAVING MEMORY LOSS PROBLEMS. HE FORGOT TO SEND IN THE REPORT BY MAY 1, 2003. HIS DAUGHTER, SHARI WHITNEY, WHO IS A DIRECTOR, DISCOVERED THE ENVELOPE IN HER FATHER'S FILE. SHE BROUGHT IT OVER TO ME FOR A RESPONSE.

IN THE FUTURE SHARI WHITNEY WILL BE HANDLING ALL CORRESPONDENCE SO THE CURRENT SITUATION WILL NOT HAPPEN AGAIN.

IN VIEW OF THE ABOVE CIRCUMSTANCES IT IS REPSECTFULLY REQUESTEDS THAT THE ANNUAL REPORT BE ACCEPTED AS FILED AND ANY PENALTIES BE ABATED IT WOULD BE AN EXTREME FINANCIAL HARDSHIP SHOULD THE PENALTY BE IMPOSED.

VERY TRULY YOURS, GERLAD M. PEPPER & ASSOCIATES PA

GERALD M. PEPPER CPA