

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90103 006 ***550.00

DOCUMENT # V55649

1. Entity Name
PALM BEACH DENTAL, INC.

Principal Place of Business

1800 SW 7TH AVE
 POMPANO BCH FL 33060
 US

Mailing Address

1800 SW 7TH AVE
 POMPANO BCH FL 33060
 US

2. Principal Place of Business

1635 SW 15 STREET
 Suite, Apt. #, etc.

3. Mailing Address

1635 SW 15 STREET
 Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip
 33069

Country
 US

Zip
 33069

Country
 US

4. FEI Number **65-0351391**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WHITE, DAVID M
5719 NE 16 AVE
FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

501 S.E. 8 AVE

City **POMPANO BEACH**

FL

Zip Code
 33060

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
 NAME **RICHA, ROBERT**
 STREET ADDRESS **4144 N FEDERAL HWY**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **P** ☐ Delete
 NAME **WHITE, DAVID M**
 STREET ADDRESS **1800 SW 7 AVE**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1635 S.W. 15 STREET**
 CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1635 SW 15 STREET**
 CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DAVID M. WHITE*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-02 **954-943-0565**
 Date Daytime Phone #

CR2E034 (4/02)