

2000 UNIFORM BUSINESS REPORT (UBR)

0580788

DOCUMENT # F98000005617

1. Entity Name

PROFESSIONAL DENTAL HYGIENISTS, INC.

APPROVED AND FILED

00 FEB 14 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

633 LAWRENCE ST.
BATESVILLE AR 72501

633 LAWRENCE ST.
BATESVILLE AR 72501-7124

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3685902

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, LORI
7879 SE WINDJAMMER WAY
HOBE SOUND FL 33455

Name

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

30 Lake June Rd

City Lake Placid

FL

Zip Code 33852

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME EVANS, WILLIAM T
STREET ADDRESS 633 LAWRENCE ST.
CITY-ST-ZIP BATESVILLE AR 72501

TITLE D Change Addition
NAME J. Robert Lemon, R. Ph.
STREET ADDRESS 633 Lawrence St.
CITY-ST-ZIP Batesville, AR 72501

TITLE V Delete
NAME LAND, RICHARD L
STREET ADDRESS 633 LAWRENCE ST.
CITY-ST-ZIP BATESVILLE AR 72501

TITLE D Change Addition
NAME Timothy A. Nolan
STREET ADDRESS 633 Lawrence St.
CITY-ST-ZIP Batesville, AR 72501

TITLE TS Delete
NAME CHRISTIAN, ROBERT E
STREET ADDRESS 633 LAWRENCE ST.
CITY-ST-ZIP BATESVILLE AR 72501

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE COO Delete
NAME NEWTON, FRANK H
STREET ADDRESS 633 LAWRENCE ST.
CITY-ST-ZIP BATESVILLE AR 72501

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C Delete
NAME BLACK, MICHAEL S
STREET ADDRESS 633 LAWRENCE ST.
CITY-ST-ZIP BATESVILLE AR 72501

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS. D Delete
NAME BOESEL, J. P JR
STREET ADDRESS 633 LAWRENCE ST.
CITY-ST-ZIP BATESVILLE AR 72501

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-2000 (870) 698-2300

Date

Daytime Phone #

CR2E034 (9/99)