

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91524 034 ***158.75

00209420 A1

DOCUMENT # F98000005617

1. Entity Name

PROFESSIONAL DENTAL HYGIENISTS, INC.

Principal Place of Business

**267 EAST MAIN STREET
 BATESVILLE AR 72501**

Mailing Address

~~633 LAWRENCE ST.~~
BATESVILLE AR 72501

2. Principal Place of Business

3. Mailing Address

P.O. Box 2739

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Batesville, AR

4. FEI Number

36-3685902

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PRICE, LORI
 30 LAKE JUNE RD
 LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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, 2002 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 Delete
 NAME **P. EVANS, WILLIAM T**
 STREET ADDRESS **267 EAST MAIN STREET**
 CITY-ST-ZIP **BATESVILLE AR 72501**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP NOLEN, TIMOTHY A**
 STREET ADDRESS **267 EAST MAIN STREET**
 CITY-ST-ZIP **BATESVILLE AR 72501**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TS CHRISTIAN, ROBERT E**
 STREET ADDRESS **267 EAST MAIN STREET**
 CITY-ST-ZIP **BATESVILLE AR 72501**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP NEWTON, FRANK H**
 STREET ADDRESS **267 EAST MAIN ST**
 CITY-ST-ZIP **BATESVILLE AR 72501**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LEMON, J. ROBERT R. PH.**
 STREET ADDRESS **267 EAST MAIN STREET**
 CITY-ST-ZIP **BATESVILLE AR 72501**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D 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:

Frank H Newton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 870-698-7300
 Date Daytime Phone #

CR2E034 (9/01)