2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

575067 DOCUMENT

1. Entity Name

JAWDENT LABORATORY, INC.



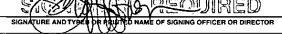
FILED Mar 03, 2003 8:00 am § Secretary of State

03-03-2003 90475 020 ***150.00

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Principal Place of Business 4008 9TH AVE. WEST BRADENTON FL 34205		Mailing Address 4008 9TH AVE. WEST BRADENTON FL 34205							
2. Principal Place of Business			3. Mailing Address				4 188 181 81/24 1 38 81 8/11/ 881/6 82/4/ 1887 9/	ali densi atom biame i	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4.	FEI Number 59-1835005		oplied For
Zip	Country	- Zip		Country	_	5. (Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registere	ed Agent			7. N	Name and Address of New Register	ed Agent	
					Name				
THOMPSON, JEFFREY, S 4008 9TH AVENUE, W.			Street Addr			s (P.O. Box Number is Not Acceptable)			
BRADENTON FL 34205									
	•			City	/			FL Zip Cod	e
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									
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Selection Campaign Financing Trust Fund Contribution.		May Be to Fees
10.	OFFICERS AND	DIRECTO	PRS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE	PD		☐ Delete	TITLE				☐ Change	☐ Addition
NAME	THOMPSON, JEFFREY SCOTT			NAME					\
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Date

Daytime Phone #