

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90283 008 ***150.00

DOCUMENT # 583291

1. Entity Name
DENTAL PRO LAB OF FLORIDA, INC.

Principal Place of Business

6793 S.W. HWY 200
 OCALA FL 34476
 US

Mailing Address

6220 W. CORPORATE OAKS DR
 CRYSTAL RIVER FL 34429

2. Principal Place of Business

3600 SW 26th AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

Zip Country

34474

4. FEI Number

59-1845042

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLUMBERGER, ROBERT
6220 W. CORPORATE OAKS DR
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE _____ (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, 2001 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

TITLE PD
 NAME GUTHRIE, KENNETH C Delete
 STREET ADDRESS 3600 S.W. 26TH AVE
 CITY-ST-ZIP OCALA FL 34474

TITLE D
 NAME SCHLUMBERGER, ROBERT Delete
 STREET ADDRESS 6220 W. CORPORATE OAKS DR
 CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME GUTHRIE, SARAH Change Addition
 STREET ADDRESS 3600 SW 26th AVE
 CITY-ST-ZIP OCALA FL 34474

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 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

4-23-01

Date

352-861-1956

Daytime Phone #

CR2E034 (10/00)