2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732996

1. Entity Name

FLORIDA DENTAL LABORATORY ASSOCIATION, INC.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90138 035 ****61.25

				WE TIES!					
Principal Place of Business Mailing Address									
1530 METROPOLITAN BLVD TALLAHASSEE FL 32308 US		1530 METROPOLITAN BLVD TALLAHASSEE FL 32308 US							
2. Principal	Place of Business	3. Mailing Address							
<u> </u>					1 180113 18080 19119	I ILUSER FRANCU AUNIM UNIA UTRUN UNUNA	#1831 BIBIT BEB	ill Didia idai	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-1677431 Applied For				7
Zip Country		Zip	Country		5. Certificate of Stat		8.75 Ad		1
	6. Name and Address of Current	Registered Agent	1		7 Name and Addre	ess of New Registered A	ee Require	<u></u>	\dashv
			Name		T. Hamo and Addit	os of New Hegistered A	Jen .		┪-
NAPIER, BENNETT			Street	Address (P	O. Box Number is No	nt Accentable)			+
	TROPOLITAN BLVD				.o. Box Hamoer 13 140	- Acceptable)			4
IALLAM	ASSEE FL 32308		}						
			City			FL	Zip Cod	e	1
8. The abov	e named entity submits this statement fo	r the purpose of changing its r	eaistered office o	or registere	d agent, or both, in th		<u> </u> miliar with	and accept	\dashv
、 SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signa	ature required v	vhen reinstating)	DATE			
-	- Company Add No. Commission								$\frac{1}{2}$
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
10.	OFFICERS AND DIF	RECTORS	11.	A	DDITIONS/CHANGES	TO OFFICERS AND DIRE	ECTORS IN	l 10	┨
TITLE	TD Inman, Donal	☐ Delete	TITLE				☐ Change	☐ Addition	18
NAME STREET ADDRESS			NAME STREET ADDRESS						15
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP						16
TITLE	EVD	☐ Delete	TITLE		·		Change	☐ Addition	18
NAME	MAITLAND, NEIL		NAME			'			10
STREET ADDRESS CITY-ST-ZIP	PO BOX 15157 TAMPA FL 33614==		STREET ADDRESS						
TITLE	PPD		CITY-ST-ZIP	EUP.		The state of the s	~		-
NAME	PARKER, WILLIAM	Delete	TITLE NAME	David	Hv#	}	Change	☐ Addition	İ
STREET ADDRESS	4014 SANDPIPER COURT		STREET ADDRESS	3639	Central Avenue				
CITY-ST-ZIP	PALM HARBOR FL 34684	·	CITY-ST-ZIP	5+.C	teviburg FL 3	37/2			
TITLE	PD	Delete	TITLE	17		Y	Change	☐ Addition	1
NAME	GOLDMAN, DAVID	,	NAME	Robert	wastry		•		
STREET ADDRESS CITY-ST-ZIP	BRANDON FL 33511		STREET ADDRESS CITY-ST-ZIP	3345	woosley Ellington way of Ritcher, FL	2110			
TITLE	PED PED		GITT-ST-ZIF	New Po	of Ritchey, FL	34635			1
NAME	MOYER, PHIL	☐ Delete	TITLE NAME			[Change	Addition	
STREET ADDRESS	14333 58TH ST NORTH		STREET ADDRESS					I	
CITY-ST-ZIP	CLEARWATER FL 34620		CITY-ST-ZIP						
TITLE	TED	☐ Delete	TITLE			[Change	Addition	
NAME	NAPIER, BENNETT		NAME						
STREET ADDRESS CITY-ST-ZIP	*****	- _ర ా శ్వాహా	STREET ADDRESS						
V- En	I I ALLA I INGOEE FE JEJUO	- 6 5 <i>e</i> f355	CITY-ST-ZIP	ı					ı

12. I hereby certify that the information supplied with this filling 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 617, 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:

SUEN X 1/15 REOBERATO Nagri

1/10/03

850/224-0711