


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

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

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

**DOCUMENT # 732996**

1. Entity Name  
**FLORIDA DENTAL LABORATORY ASSOCIATION, INC.**



Principal Place of Business  
**1530 METROPOLITAN BLVD  
TALLAHASSEE FL 32308  
US**

Mailing Address  
**1530 METROPOLITAN BLVD  
TALLAHASSEE FL 32308  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1677431**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**NAPIER, BENNETT**  
**1530 METROPOLITAN BLVD**  
**TALLAHASSEE FL 32308**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	INMAN, DONAL	9381 W SAMPLE ROAD, 208	CORAL SPRINGS FL 33065	<input type="checkbox"/>
EVD	MAITLAND, NEIL	PO BOX 15157	TAMPA FL 33614	<input type="checkbox"/>
PPD	PARKER, WILLIAM	4014 SANDPIPER COURT	PALM HARBOR FL 34684	<input checked="" type="checkbox"/>
PD	GOLDMAN, DAVID	311-F NOLAN DRIVE	BRANDON FL 33511	<input checked="" type="checkbox"/>
PED	MOYER, PHIL	14333 58TH ST NORTH	CLEARWATER FL 34620	<input type="checkbox"/>
TED	NAPIER, BENNETT	1530 METROPOLITAN BLVD	TALLAHASSEE FL 32308	<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EUP	David Hull	3639 Central Avenue	St. Petersburg, FL 33712	<input checked="" type="checkbox"/>
T	Robert Wasley	3342 Ellington Way	New Port Ritchey, FL 34655	<input checked="" type="checkbox"/>

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 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: *Bennett Napier* **Bennett Napier** 1/10/03 850/224-0711

CR2E037 (10/02)