

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **095000051791**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
Gainesville Dental Lab, Inc.

Principal Place of Business Mailing Address
**4000 W. Newberry Rd.
Suite E**

2. Principal Place of Business 3. Mailing Address
4000 W Newberry Rd **NAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite E **NAME**

City & State City & State
Gainesville Fla **NAME**
Zip Country Zip Country
32607 **FLORIDA** **NAME** **FLORIDA**

4. FEI Number **59-3323559** Applied For Not Applicable

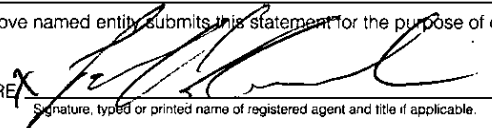
5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Mr. Ralph Prendes
4000 W Newberry Rd
Gainesville, FL 32607**

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

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	Ralph Prendes, President <input type="checkbox"/> Delete 4000 W Newberry Rd Gainesville, Fla 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ralph Prendes <input type="checkbox"/> Delete Vice President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ms. Sherie Lewis 4000 W. Newberry Rd. Gainesville, Fla 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ms. Sherie Lewis 4000 W. Newberry Rd. Gainesville, Fla 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003291614--6 -06/15/00--01067--025 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gainesville Dental Lab, Inc.
4000 W. Newberry Road
Gainesville, FL 32607

June 07, 2000

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Attached to the cover letter is a copy of Gainesville Dental Lab Inc. minutes for our corporate meeting. Also attached is a 2000 Uniform Business Report (UBR), along with a check for \$150.00 for the filing fee.

If you have any questions, please contact me at the above address.

Sincerely,



Ralph Prendes, President

