

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90069 018 ***150.00

DOCUMENT # PA6000039023
Entity Name VISCAYA DENTAL LABORATORY INC.

Principal Place of Business Mailing Address
1425 VISCAYA PKWY # 201
CAPE CORAL FL 33990

Principal Place of Business 3. Mailing Address
1425 VISCAYA PKWY
Suite, Apt. #, etc. Suite, Apt. #, etc.
201
City & State City & State
CAPE CORAL FL SAME
Zip Country Zip Country
33990 USA

DO NOT WRITE IN THIS SPACE

950259

6. Name and Address of Current Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. (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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
	PRESIDENT	DEBRA KORMOS 7239 DRAKE DR. FT. MYERS, FL. 33908			
	VICE - PRESIDENT	CONNIE C. GRANT 149 GLEASON PKWY CAPE CORAL FL 33914		VICE - PRESIDENT	KRISTIN PLUMMER 2136 SE 8 TH AVE CAPE CORAL FL 33990

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: Debra A. Kormos 4-17-2000 941-458-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #