

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90097 039 ***150.00

DOCUMENT # P96000039023

1. Entity Name

VISCAYA DENTAL LABORATORY, INC.

Principal Place of Business

**1425 VISCAYA PARKWAY
 201
 CAPE CORAL FL 33990**

Mailing Address

**1425 VISCAYA PARKWAY
 201
 CAPE CORAL FL 33990**

2. Principal Place of Business

13601 McGregor Blvd.

3. Mailing Address

13601 McGregor Blvd.

Suite, Apt. #, etc.

#18

Suite, Apt. #, etc.

#18

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

Zip

33919

Country

U.S.A

Zip

33919

Country

U.S.A.

6. Name and Address of Current Registered Agent

**KORMOS, DEBRA A
 1425 VISCAYA PARKWAY
 CAPE CORAL FL 33990**

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, 2002 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	DPS	<input type="checkbox"/> Delete
NAME	PLUMMER, KRISTIN	
STREET ADDRESS	2136 SE 8TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	President	<input type="checkbox"/> Delete
NAME	Komos, Debra	
STREET ADDRESS	7239 Drake Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Plummer, Kristin	
STREET ADDRESS	240 29th St. S.W.	
CITY-ST-ZIP	Naples, FL 34117	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Komos, Debra	
STREET ADDRESS	7239 Drake Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

4-17-02

239-466-5700

Date

Daytime Phone #

CR2E034 (9/01)