

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90040 019 ***150.00

DOCUMENT # *P97000011376*
 1. Entity Name
CUSTOM DENTAL LABORATORY SERVICES, INC.

Principal Place of Business Mailing Address
926 GREAT POND DRIVE ACTAMUNTE SP. FL 32714

2. Principal Place of Business 3. Mailing Address
926 GREAT POND DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ACTAMUNTE SPRINGS, FL
 Zip Country Zip Country
32714 US.

4. FEI Number Applied For
59-3424428 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
~~*MICHAEL MCCANN*~~
~~*119 LAKE RENA DR.*~~
~~*LONGWOOD, FL*~~
STEVEN STONE
725 N. MITCHELL
ORLANDO, FL
32803

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

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	<i>PRESIDENT</i>	<input type="checkbox"/> Delete
NAME	<i>MICHAEL MCCANN</i>	
STREET ADDRESS	<i>119 LAKE RENA DR.</i>	
CITY-ST-ZIP	<i>LONGWOOD, FL 32779</i>	
TITLE	<i>SEC. TREAS.</i>	<input type="checkbox"/> Delete
NAME	<i>JAMES T. KATSUR</i>	
STREET ADDRESS	<i>176 SHADOW BAY BLVD.</i>	
CITY-ST-ZIP	<i>LONGWOOD, FL 32779</i>	
TITLE	<i>V.P.</i>	<input type="checkbox"/> Delete
NAME	<i>ANDREW W. GREENBERG</i>	
STREET ADDRESS	<i>Cocelia Cr.</i>	
CITY-ST-ZIP	<i>Apopka, FL 32803</i>	
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		<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		
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]* *2/2/00* *(407) 880-1585*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)