

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-21-2000 90013 031 ***150.00

DOCUMENT # P97000100458

1. Entity Name

CLAYWELL DENTAL LAB, INC.

Principal Place of Business

Mailing Address

~~5522 HANLEY RD
 STE 103
 TAMPA FL 33615~~

~~5522 HANLEY RD
 STE 103
 TAMPA FL 33615~~

2. Principal Place of Business

3. Mailing Address

104 W. Seneca Ave.

104 W. Seneca Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE # 2

STE # 2

City & State

City & State

Tampa, Florida

Tampa, Florida

Zip

Country

Zip

Country

33612 USA

USA

33612 USA

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0800201**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CLAYWELL HENRY A~~
 15112 LYNN DR
 TAMPA FL 33624

Claywell, Henry A.

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.

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	<input type="checkbox"/> Delete
P	CLAYWELL, HENRY A	15112 LYNN DR	TAMPA FL 33624	<input type="checkbox"/>
ST	CLAYWELL, PATRICIA	15112 LYNN DR	TAMPA FL 33624	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Henry A. Claywell* (Henry A. Claywell) *2-15-2000*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813-968-7303
813-968-7303

CR2E034 (9/99)