

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91035 047 ***150.00

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DOCUMENT # P99000066653

1. Entity Name
D & L DENTAL LAB, INC.



Principal Place of Business
**17389 KENTUCKY RD.
FT. MYERS FL 33912**

Mailing Address
**17389 KENTUCKY RD.
FT. MYERS FL 33912**



2. Principal Place of Business
9110 Kings Cove Ct
Suite, Apt. #, etc.

3. Mailing Address
9110 Kings Cove Ct.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Fort Myers, FL
Zip
33912 Country
Lee

City & State
Fort Myers, FL
Zip
33912 Country
Lee

4. FEI Number **65-0944034** Applied For
 Not Applicable.

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

6. Name and Address of Current Registered Agent

**SWANSON, DANIEL E
17389 KENTUCKY RD.
FT. MYERS FL 33912**

7. Name and Address of New Registered Agent

Name
SWANSON DANIEL E.
Street Address (P.O. Box Number is Not Acceptable)
9110 Kings Cove Court
City
Fort Myers FL Zip Code
33912

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE **3/16/03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D SWANSON, DANIEL E**
STREET ADDRESS **17389 KENTUCKY RD.**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE Change Addition
NAME **OWNER SWANSON DANIEL E.**
STREET ADDRESS **9110 Kings Cove Court**
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE Delete
NAME **D SWANSON, LISA A**
STREET ADDRESS **17389 KENTUCKY RD.**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE Change Addition
NAME **TREASURER SWANSON, LISA A.**
STREET ADDRESS **9110 Kings Cove Ct**
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/16/03** Daytime Phone # **239-267-2393**

CR2E034 (10/02)