

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

950259

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____

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	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	7239 DRAKE DR.		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL. 33908		CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	☒ Delete	TITLE	VICE-PRESIDENT	☐ Change ☒ Addition
NAME	CONNIE C. GRANT		NAME	KRISTIN PLUMMER	
STREET ADDRESS	149 GLEASON PKWY		STREET ADDRESS	2136 SE 8 th AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Debra A. Korman 4-17-2000 941-458-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #