

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90007 022 ***150.00

DOCUMENT # F91986	
1. Entity Name	
Winter Springs Dental Lab, Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 620 SR 434 Ste 5		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Springs, FL		City & State	
Zip 32708	Country	Zip	Country

54018130

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2210553	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Black, Micheal	
Street Address (P.O. Box Number is Not Acceptable) 881 Heather Glen Cir	
City Lake Mary	FL Zip Code 32745

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Black, Micheal C 881 HEather Glen Cir LAke Mary - FL -32745
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M. Black MICHAEL BLACK 3/14/04 407-327-2138