2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

403884



FILED Feb 24, 2003 8:00 am Secretary of State

SPHADINGS SA-Applicated Salary September Salary	RAY'S D	ENTAL LAB.,	INC.			02-24-2003 90172 004 ***150.00		00	
Suite, Apl. #, etc. City & State	1743 UNIVE	RSITY BLVD.		P.O.BOX 16952			Didis didis didis	BJSJI PIŽIJI JUBI	
City & State City & State District City & State of Status Desired Street Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City F	2. Principal	Place of Business		3. Mailing Address					
Zp Country Zp Country Zp Country Zp Country 5-1401759 SP-1401759 SP-1401759 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) City FL Zp Code SIGNATURE 8. PL Zp Code 9. Election Companying Financing 7. Sp. On Name Check Register 1. Address	Suite, Apr	t. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent S. Name and Address of Status Desired \$8.75 Additional For Required Agent 7. Name and Address of New Registered Agent WONG, RAY T 1743 UNIVERSITY BLVD	City & State			City & State		59-1401750			
NOTE POPULE FL 32216 TILE NOME NOTE POPULE FL 32216 TILE NOME NAME NAME NAME NAME NAME NAME NAME NA	Zip				Country	5. Certificate of Status Desired	\$8.75 Add	ditional	
WONG, RAY T 1742 UNIVERSITY BLVD JACKSONVILLE FL 32216 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City Addot for Fortal agents of Florida. Lam familiar with, and acce City Sip City Powners in Not Acceptable) Addot for Fire Addots FL Zip Code City FL Zip Code City Addot for Fire Addots Addot for Fire Addots City Sip City FL Zip Code City Addot for Fire Addots Addot for Fire Addots City Sip City City Sip City Sip City City Sip City Sip City City Sip City Sip City Ci		6. Name and A	ddress of Current	Registered Agent		7. Name and Address of New Registered			
Size Address (P.C. Rox Number is Not Acceptable) 1743 UNIVERSITY BLVD JACKSONVILLE FL 32216 8. The above named entity submits life statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida agent, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida agent, are given and acceptable of Flo					Name	and and an analysis of them neglistered	-gent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and acce the obligations of registered agent in the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and acce the obligations of registered agent in the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and acce the state of Fiorida agent, or both, in the State of Fiorida. I am familiar with, and acce the state of Fiorida agent agent accepts agen			and the second second	a de la compansión de la c	Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent. Signature Signature	JACKSON	NVILLE FL 32216							
SIGNATURE TRUE NOW!! FEE IS \$150.00 Added to Fromed name of registered apent and side 3 accidance. (NOTE Registered Agent signatura required when certaining) Date	8. The above	e named entity subm	its this statement fo	r the purpose of changing its	_ ·	FL			
After May 1, 2003 Fee will, be \$550.00 May Be Make Check Payable to Florida Department of State 10.	•		,				arıllar witri,	and accept	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C	After Make Check	r May 1, 2003 Fee	will be \$550.00 da Department of		,		\$5.00 Added	O May Be to Fees	
MONG,RAY F	10.	<u> </u>	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO DEFICERS AND	DIRECTORS	E (N. 11	
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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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR