

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90001 010 \*\*\*150.00

0040425 AV

**DOCUMENT # 487048**

1. Entity Name  
**QUALITY ARTS DENTAL LABORATORY, INC.**

Principal Place of Business Mailing Address  
**1410 E CALL ST. 1410 E CALL ST.**  
**TALLAHASSEE FL 32301 TALLAHASSEE FL 32301**

**B0048491**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1625587</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>KINDERMAN, KEITH</b> <b>823 THOMASVILLE ROAD</b> <b>TALLAHASSEE FL 32303</b>				Name <b>Rachel Wallace</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>1410 E. Call Street</b>			
				City <b>Tallahassee, FL</b> Zip Code <b>32301</b>			

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 Rachel Wallace (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. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	PD	<input checked="" type="checkbox"/> Delete	TITLE PD	Rachel Wallace	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONATODS, MICHAEL J		NAME	1410 E. Call Street	
STREET ADDRESS	919 ABBIEGALE DR.		STREET ADDRESS	Tallahassee, FL 32301	
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE STD	Leslie Kline	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONATOS, ADELAIDE A		NAME P. O.	P.O. Box 610	
STREET ADDRESS	919 ABBIEGALE DR.		STREET ADDRESS	St. Marks, FL 32355	
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Rachel Wallace Rachel Wallace **3-13-02 850-877-1147**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)