2002 UNIFORM BUSINESS REPORT (UBR)

Jul 23, 2002 8:00 am Secrétary of State 509722 DOCUMENT # 1. Entity Name 07-23-2002 90323 030 ***550 00 CREATIVE DENTAL CERAMICS, INC. Principal Place of Business Mailing Address 3885 INVESTMENT LANE 3885 INVESTMENT LANE RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1682534 Not Applicable Country Zio" \$8.75 Additional 5. Certificate of Status Desired-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANDRETH, HARRY Street Address (P.O. Box Number is Not Acceptable) 18229 SE FEDERAL HWY TEQUESTA i.C City 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. ‡ am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE ☐ Delete TITLE MEHAFFIE, NELLIE JO NAME NAME 2772 ALABAMA AVENUE STREET ADDRESS STREET ADDRESS W PALM BEACH, FL 00000 CITY-ST-ZIP CiTY-ST-ZIP Addition Delete ☐ Change PD TITLE TITLE LANDRETH, HARRY L NAME NAME STREET ADDRESS 3885 INVESTMENT LANE #8 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP RIVIERA BEACH FL ☐ Change Delete Addition TITLE RANDALL S. JUILLERAT NAME STREET ADDRESS BOX 30411, 9498 ALT AIA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TIT! F 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 employered to execute this proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address

7-8-02 541-8423330

FILED