FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 20, 2001 8:00 am Secretary of State 01-20-2001 90106 041 \*\*\*150.00 **DOCUMENT # 518393** BROOKS DENTAL LABORATORIES INC. Principal Place of Business Mailing Address 7501 STILLER LAKE ROAD 7501 STILLER LAKE ROAD PENSACOLA FL 32526 PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1700400 Not Applicable Zin Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROOKS, KENNETH Street Address (P.O. Box Number is Not Acceptable) 8201 8MILE CREEK RD PENSACOLA FL 32526 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. CR2E034 (10/00) TITLE ☐ Defete TITLE ☐ Change ☐ Addition BROOKS, KENNETH NAME NAME STREET ADDRESS 8201 8 MILE CREEK RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 00000 Addition ☐ Defete ☐ Change TITLE TITLE BROOKS, GWENDOLYN A NAME NAME 8201 8 MILE CREEK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 00000 CITY-ST-7IP ☐ Change Delete ☐ Addition TITLE TITLE BROOKS, JANET L NAME NAME STREET ADDRESS 8201 8-MILE CREEK RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 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.