

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 619128

1. Entity Name

ROBERTS DENTAL LABORATORY, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90267 019 ***150.00

| | | | |
|--|---------|---|---------|
| Principal Place of Business | | Mailing Address | |
| 9776 SAN JOSE BLVD #12 JACKSONVILLE FL 32257 US | | 1091 SPENCER LANE JACKSONVILLE FL 32259-3159 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

80006682



DO NOT WRITE IN THIS SPACE

| | | | |
|----------------------------------|--|--------------------------|--------------------------------|
| 4. FEI Number | | 59-1910460 | Applied For |
| | | | Not Applicable |
| 5. Certificate of Status Desired | | <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ROBERTS, WARREN JR 1091 SPENCER LANE JACKSONVILLE FL 32259 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------|---|--|
| TITLE | PD | TITLE | |
| NAME | ROBERTS, WARREN JR | NAME | |
| STREET ADDRESS | 1091 SPENCER LANE | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | CITY-ST-ZIP | |
| TITLE | STD | TITLE | |
| NAME | ROBERTS, PAMELA J | NAME | |
| STREET ADDRESS | 1091 SPENCER LANE | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| 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:

Pamela J Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

Date

904-260-0591

Daytime Phone #