

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90314 032 ***150.00

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DOCUMENT # 623399

1. Entity Name

E.A. FROMEN ORTHODONTIC LAB, INC.



Principal Place of Business

8333 W NCNAB RD #115
TAMARAC FL 33321
US

Mailing Address

8333 W NCNAB RD #115
TAMARAC FL 33321
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2115 SE LENNARD RD

Suite, Apt. #, etc.

2115 SE LENNARD RD

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

Zip

34952

Country

Zip

34952

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1915814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KACZMAREK, JOHN C., P.A.
900 N. FEDERAL HIGHWAY
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FROMEN, EDWARD A.
STREET ADDRESS 6556 NW 87TH AVE.
CITY-ST-ZIP PARKLAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

EDWARD A. FROMEN

4/30/03 772-337-1899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)