

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90060 001 ***150.00

DOCUMENT # F01000000486

1. Entity Name

TRIPALAY DENTAL LABORATORY, INC.

Principal Place of Business

**600 GRANT AVE.
 YORK NE 68467**

Mailing Address

**600 GRANT AVE.
 YORK NE 68467**

2. Principal Place of Business

6600-1 Youngeman
 Suite, Apt. #, etc.

3. Mailing Address

6600-1 Youngeman
 Suite, Apt. #, etc.

City & State

JAX. FL.

City & State

JAX. FL.

4. FEI Number

47-0605648

Applied For

☐ Not Applicable

Zip

32244

Country

USA

Zip

32244

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, AARON A
 6600-1-YOUSAENMA CIRCLE
 JACKSONVILLE FL 32244**

*wrong street
 Address*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6600-1 Youngeman Circle
 City **JAX** FL Zip Code **32244**

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

Aaron A. Anderson

3.1.02

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)

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

TITLE **PT** ☐ Delete
 NAME **ANDERSON, AARON A**
 STREET ADDRESS **600 GRANT AVE.**
 CITY-ST-ZIP **YORK-NE**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **6600-1 Youngeman**
 CITY-ST-ZIP **JAX. FL. 32244**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Aaron A. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)