

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90098 029 ***150.00

DOCUMENT # F26561

1. Entity Name

LAWTON DENTAL LABORATORY, INC.

Principal Place of Business

Mailing Address

% THOMAS C LAWTON, D.M.D.
201 N LAKEMONT AVENUE
WINTER PARK FL 32792-3211

% THOMAS C LAWTON, D.M.D.
201 N LAKEMONT AVENUE
WINTER PARK FL 32792-3211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2080896

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWTON, THOMAS C., DMD
201 N LAKEMONT AVENUE
WINTER PARK FL

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
DP
LAWTON, THOMAS C, DMD
 STREET ADDRESS **201 N LAKEMONT AVE**
 CITY-ST-ZIP **WINTER PARK, FL 00000**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
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TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

LAWTON DENTAL LAB
TAX ID #
CORRECTED
59-2080896

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:

Thomas C Lawton DMD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/01
 Date

407 6748247
 Daytime Phone #

CR2E034 (10/00)