

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95000000551**

1. Entity Name

MANATEE ORTHODONTIC LAB, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90234 009 ***150.00

Principal Place of Business

**1384 TIMBERLANE ROAD
TALLAHASSEE FL 32312**

Mailing Address

**1384 TIMBERLANE ROAD
TALLAHASSEE FL 32312**

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 **59-3298726**

Applied For:

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WARREN, SUSAN
1384 TIMBERLANE ROAD
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name

Rochelle G Sexton

Street Address (P.O. Box Number's Not Acceptable)

1384 TIMBERLANE RD

City

TALLA

Zip Code

32312

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

ROCHELLE G SEXTON

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

Rochelle Sext

(NOTE: Registered Agent signature required when reinstating)

4/18/01

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

TITLE	CPD	<input type="checkbox"/> Delete
NAME	SEXTON, ROCHELLE G	
STREET ADDRESS	415 E. JACKSON ST.	
CITY-ST-ZIP	THOMASVILLE GA 31792	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	SEXTON, TOM C	
STREET ADDRESS	415 E. JACKSON ST.	
CITY-ST-ZIP	THOMASVILLE GA 31792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rochelle Sext

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

850 668 2080

Daytime Phone #

CR2E034 (10/00)