

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000003910**

1. Entity Name

GREEN DENTAL LABORATORIES, INC.**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90498 016 ***150.00

0603108

Principal Place of Business

**1099 WILBURN ROAD
HEBER SPRINGS AR 72543**

Mailing Address

**1099 WILBURN ROAD
HEBER SPRINGS AR 72543**

00024300



DO NOT WRITE IN THIS SPACE

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 **71-0587320**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

N/A

Street Address (P.O. Box Numbers 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
STREET ADDRESS
CITY-ST-ZIP
**DP
THOMPSON, SCOTT
124 RAINBOW ROAD
HEBER SPRINGS AR 72543** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N/A ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
EDDINGTON, BURT J R.
2331 CRESTVIEW DRIVE
HEBER SPRINGS AR 72543** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N/A ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
ENGLISH, CHARLES
1049 WILBURN ROAD, APT. A1
HEBER SPRINGS AR 72543** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N/A ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
NORDSKOG, RICHARD
#9 FOX LANE
HEBER SPRINGS AR 72543** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N/A ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
EDDINGTON, BURT JR.
2331 CRESTVIEW DR.
HEBER SPRINGS AR 72543** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N/A ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
GREEN, JOHN W IV
89 CALLE EN SUENO
MARATHON FL 33050** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N/A ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Burt Eddington

Date

3/5/01

Daytime Phone #

501 362 313

CR2E034 (10/00)