

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90128 027 \*\*\*150.00

**DOCUMENT # H37471**

**1. Entity Name**  
**JAMES REED DENTAL LABORATORY, INC.**

**Principal Place of Business**  
**C/O DOROTHY M. REED**  
**808 E. OCEAN BLVD. STE. C**  
**STUART FL 34994**  
**US**

**Mailing Address**  
**C/O DOROTHY M. REED**  
**808 E OCEAN BLVD. STE. C**  
**STUART FL 34994-2428**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**1202 N. Amelia Ave.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**1202 N. Amelia Ave**  
 Suite, Apt. #, etc.

**City & State**  
**Deland, Fla**  
**Zip** 32724 **Country** Volusia

**City & State**  
**Deland, Fla**  
**Zip** 32724 **Country** Volusia

**4. FEI Number** 59-2490191 **Applied For**  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**REED, DOROTHY M.**  
**808 E OCEAN BLVD**  
**STUART FL 34994**

**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.**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>REED, DOROTHY M.</b> <b>44 S SEWALL'S POINT RD</b> <b>STUART FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REED, JAMES R.</b> <b>44 S SEWALL'S POINT RD</b> <b>STUART FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REED, RYAN</b> <b>44 S. SEWALLS' POINT RD</b> <b>STUART FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1202 N. Amelia Ave</b> <b>Deland, Fla. 32724</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1202 N. Amelia Ave</b> <b>Deland, Fla 32724</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1202 N. Amelia Ave</b> <b>Deland, Fla 32724</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.**

**SIGNATURE:** **DOROTHY M REED** 1-30-02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 386-804-4006

CR2E034 (9/01)

ATTACHMENT DOC#  
F99000000S43  
736775

For your information

Mati Infante (x27455)

Law Offices

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