

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J42868

1. Entity Name

SPACECOAST DENTAL LABORATORY, INC.

Principal Place of Business

212 N US HWY 1  
SUITE 15  
TEQUESTA FL 33469  
US

Mailing Address

212 N US HWY 1  
SUITE 15  
TEQUESTA FL 3  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANCOCK, ROBERT W.  
212 N US HWY 1 SUITE 15  
TEQUESTA FL 33469

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 PD  
NAME HANCOCK, ROBERT W. ☐ Delete  
STREET ADDRESS 5797 URDEA RD  
CITY-ST-ZIP JUPITER FL

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

TITLE S  
NAME HANCOCK, CHERYL A. ☐ Delete  
STREET ADDRESS 5797 URDEA RD  
CITY-ST-ZIP JUPITER FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 743 5729

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90014 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2745417** ☐ Applied For  
☐ Not Applicable

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

0081125 AV

CR2E034 (5/01)

Attachment

Doc. # J42868  
A0079121

SPACECOAST DENTAL LABORATORY, INC.  
212 N. US HIGHWAY 1  
SUITE 15  
TEQUESTA, FL 33469-2787

July 16, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

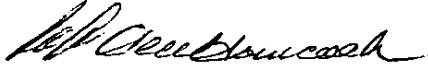
RE: Document # J42868

To Whom It May Concern:

We are in receipt of the 2001 Uniform Business Report. This is the first report we have received. We have always filed our report early and ask that you accept our check for the \$150.00 to cover the 2001 filing fees. We do not understand why we did not receive the first notice.

Thank you for your consideration in this matter.

Sincerely Yours,



Robert W. Hancock  
President