

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J78334

1. Entity Name

BRANDON DENTAL LAB, INC.

(Handwritten: R)

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90103 038 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% DAVID W. GOLDMAN
311-F NOLAND DR.
BRANDON FL 33511

Mailing Address

% DAVID W. GOLDMAN
311-F NOLAND DR.
BRANDON FL 33511

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

59-2812806

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

GOLDMAN, DAVID W.
311-F NOLAND DR.
BRANDON FL 33511

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 13, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, DAVID W. 311-F NOLAND DR. BRANDON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

(Handwritten: David W. Goldman - President)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Handwritten: Aug 15, 2000)
Date

(Handwritten: 813-689-4734)
Daytime Phone #

CR2E034 (5/00)

Attachment
J 78334
DW79762

BRANDON DENTAL LAB, INC.
311-F Noland Drive
Brandon, FL 33511.

August 14, 2000

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

Gentlemen,

I am writing you concerning the second notice of the 2000 Uniform Business Report for our corporation. We have always filed our Annual Report timely. Our records show that we wrote a check in January, 2000, to the Department of State for \$150.00, immediately after receiving the 2000 report. This check is still outstanding. We are a small business corporation and the reinstatement fees would be a considerable hardship on our corporation. I am returning the completed form with a check for \$150.00 and ask that you please abate the reinstatement fee for the reasons stated above.

Thank you for your cooperation in this matter.

Sincerely,

David W. Goldman, President
David Goldman
President