

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2003 8:00 am**  
**Secretary of State**

07-23-2003 90061 027 \*\*\*550.00

**DOCUMENT # K06069**

**1. Entity Name**  
**PORTER DENTAL LABORATORY, INC.**



**Principal Place of Business**  
**9674 ILEX CIRCLE NORTH**  
**PALM BEACH GARDENS FL 33410**

**Mailing Address**  
**9674 ILEX CIRCLE NORTH**  
**PALM BEACH GARDENS FL 33410**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 65-0028955**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PORTER, RICHARD T.**  
**1025 N. FLA. MANGO RD #3**  
**W. PALM BEACH FL 33409**

Name **PORTER, RICHARD T**  
Street Address (P.O. Box Number is Not Acceptable)  
**9674 ILEX CIR. No**

City **Palm BEACH GARDENS** FL Zip Code **33410**

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE **RICHARD T PORTER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-19-03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
NAME **PORTER, RICHARD T.**  
STREET ADDRESS **1025 N. FLA. MANGO RD #3**  
CITY-ST-ZIP **W. PALM BEACH FL**

TITLE **P** ☒ Change ☐ Addition  
NAME **PORTER, RICHARD T**  
STREET ADDRESS **9674 ILEX CIR. No**  
CITY-ST-ZIP **Palm BEACH GARDENS, FL 33410**

TITLE **V** ☐ Delete  
NAME **PORTER, CAROLE**  
STREET ADDRESS **1025 N FLA. MANGO RD #3**  
CITY-ST-ZIP **W PALM BCH. FL**

TITLE **V** ☒ Change ☐ Addition  
NAME **PORTER CAROLE**  
STREET ADDRESS **9674 ILEX CIR No**  
CITY-ST-ZIP **Palm BEACH GARDENS, FL 33410**

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  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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CITY-ST-ZIP

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: **RICHARD T PORTER**

SIGNATURE REQUIRED **RICHARD T PORTER**

**7-19-03**

**561-622-4360**

Date

Daytime Phone #

CR2E034 (4/03)