

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90010 038 \*\*\*150.00

A0004662



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # K31564</b> 1. Entity Name <b>FOUR HANDS DENTAL LAB, INC.</b>				<p>DO NOT WRITE IN THIS SPACE</p>																																											
Principal Place of Business <b>7004 SHELDON RD TAMPA FL 33615</b>		Mailing Address <b>7004 SHELDON RD TAMPA FL 33615</b>																																													
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																													
City & State		City & State																																													
Zip		Country		4. FEI Number <b>59-2903296</b>																																											
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable																																											
<b>6. Name and Address of Current Registered Agent</b> <b>LEE, JUNG JAE 7004 SHELDON RD TAMPA FL 33615</b>				<b>7. Name and Address of New Registered Agent</b>																																											
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 _____ (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. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">11. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%; padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 30%; padding: 5px;">           DP LEE, JUNG JAE 7004 SHELDON RD TAMPA FL         </td> <td style="width: 10%; padding: 5px; text-align: center;"> <input type="checkbox"/> Delete         </td> <td style="width: 30%; padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 30%; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td style="width: 10%; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"></td> <td style="text-align: center;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td></td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"></td> <td style="text-align: center;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td></td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"></td> <td style="text-align: center;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td></td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"></td> <td style="text-align: center;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td></td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"></td> <td style="text-align: center;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td></td> </tr> </table>						11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEE, JUNG JAE 7004 SHELDON RD TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Jung Jae Lee</u> 1-3-0 (813) 889-0098 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																															

CR2E034 (10/00)