

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90003 035 \*\*\*150.00

**DOCUMENT # K75438**

1. Entity Name  
**HEALY DENTAL LAB, INC.**

Principal Place of Business  
**5928 FORTUNE PL.**  
**BUILDING B (POST OFFICE BOX 1988)**  
**APOLLO BCH. FL 33527**  
**US**

Mailing Address  
**5928 FORTUNE PL.**  
**APOLLO BCH. FL 33572**  
**US**

2. Principal Place of Business  
**306 Dickman Drive SW**  
 Suite, Apt. #, etc.

3. Mailing Address  
**306 Dickman Drive SW**  
 Suite, Apt. #, etc.

City & State  
**Ruskin, FL**

City & State  
**Ruskin, FL**

4. FEI Number  
**65-0107369**

Applied For  
 Not Applicable

Zip  
**33570-4651**

Country  
**USA**

Zip  
**33570-4651**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**HEALY, GLEN R.**  
**5928 FORTUNE PL.**  
**BUILDING B**  
**APOLLO BCH. FL 33572**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**306 Dickman Drive SW**  
 City **Ruskin** **FL** Zip Code **33570-4651**

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]*  
 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEALY, GLEN R. 5928 FORTUNE PL. APOLLO BCH. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HEALY, BETTIE A. 5928 FORTUNE PL. APOLLO BCH. FL	<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
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	306 Dickman Drive SW Ruskin, FL 33570-4651	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	306 Dickman Drive SW Ruskin, FL 33570-4651	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)