

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L22235

FILED
Sep 06, 2003
Secretary of State

Entity Name: CONTEMPORARY DENTAL LAB, INC.

Current Principal Place of Business:

% PAUL S. WADDELL, JR.
15110 TETHER CLIFT STREET
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

% PAUL S. WADDELL, JR.
15110 TETHER CLIFT STREET
DAVIE, FL 33331

New Mailing Address:

FEI Number: 65-0146836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADDELL, PAUL S., JR.
15110 TETHER CLIFT STREET
DAVIE, FL 33331

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WADDELL, PAUL S., JR.,
Address: 15110 TETHER CLIFT ST.
City-St-Zip: DAVIE, FL

Title: D () Delete
Name: WADDELL, JULIE ANN,
Address: 15110 TETHER CLIFT ST.
City-St-Zip: DAVIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL WADDELL

D

09/06/2003

Electronic Signature of Signing Officer or Director

Date