

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M74700

1. Entity Name

SEVEN HILLS DENTAL LABORATORY, INCORPORATED

Principal Place of Business

1361 E. TENNESSEE ST.  
TALLAHASSEE FL 32308-5107

Mailing Address

1925-B WELBY WAY  
TALLAHASSEE FL 32308-4453

2. Principal Place of Business

1925-B Welby Way

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-2892843

Applied For

Not Applicable

Zip

32308

Country

Leon

Zip

32308

Country

Leon

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRIMBLE, STEVE  
1361 E. TENNESSEE ST.  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Steve Trimble

Street Address (P.O. Box Number is Not Acceptable)

1925-B Welby Way

City

Tallahassee

FL

Zip Code

32308

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

Steve Trimble

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-2000

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	TRIMBLE, STEVE	
STREET ADDRESS	1361 E. TENNESSEE ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATTS, GLENN	
STREET ADDRESS	1361 E. TENNESSEE ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Trimble	
STREET ADDRESS	1925-B Welby Way	
CITY-ST-ZIP	Tallahassee, Florida 32308	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn Watts	
STREET ADDRESS	1925-B Welby Way	
CITY-ST-ZIP	Tallahassee, Florida 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Steve Trimble

Date

Daytime Phone #

3-31-2000



DO NOT WRITE IN THIS SPACE

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90333 009 \*\*\*150.00

CR2E034 (9/99)