

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M74700**

1. Entity Name
SEVEN HILLS DENTAL LABORATORY, INCORPORATED

Principal Place of Business
**1925-B WELBY WAY
TALLAHASSEE FL 32308-5107**

Mailing Address
**1925-B WELBY WAY
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Post Office Box 12612

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tallahassee, Florida

4. FEI Number **59-2892843**

Applied For
Not Applicable

Zip Country

Zip Country

32317

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIMBLE, STEVE
1925-B WELBY WAY
TALLAHASSEE FL 32308**

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 _____

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TRIMBLE, STEVE**
STREET ADDRESS **1925-B WELBY WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **D** ☐ Delete
NAME **WATTS, GLENN**
STREET ADDRESS **1925-B WELBY WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: _____

Steve Trimble
Steve Trimble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED
01 JUL 18 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

**SEVEN HILLS DENTAL LABORATORY, INC.
1925-B WELBY WAY
TALLAHASSEE, FLORIDA 32308-5107**

July 17, 2001

Florida Department of State
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

Please be advised that we did not receive the original Annual Report that should have been filed by May 1, 2001.

Sincerely,

A handwritten signature in cursive script that reads "Steve Trimble".

Steve Trimble
President