

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90237 021 ***150.00

DOCUMENT # M87367



1. Entity Name
T.M.J. DENTAL LABORATORY, INC.

Principal Place of Business
% **MICHAEL THORN**
105 W. HOLLY AVENUE
ORANGE CITY FL 32763
US

Mailing Address
% **MICHAEL THORN**
105 W. HOLLY AVENUE
ORANGE CITY FL 32763
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2899664

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORN, MICHAEL
105 W. HOLLY AVENUE
ORANGE CITY FL 32763

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michael Thorn Pres Michael J DATE: 4/13/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	THORN, MICHAEL
STREET ADDRESS	180 PARKVIEW DRIVE
CITY-ST-ZIP	ORANGE CITY FL
TITLE	V <input type="checkbox"/> Delete
NAME	HINES, GERALD
STREET ADDRESS	1553 NAPLES CIRCLE
CITY-ST-ZIP	DELTONA FL
TITLE	T <input type="checkbox"/> Delete
NAME	HINES, KATHY
STREET ADDRESS	1553 NAPLES CIRCLE
CITY-ST-ZIP	DELTONA FL
TITLE	S <input type="checkbox"/> Delete
NAME	THORN, JOANNE M.
STREET ADDRESS	180 PARKVIEW DRIVE
CITY-ST-ZIP	ORANGE CITY 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"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Thorn DATE: 4/13/03 (386) 775-7226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)