FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90146 030 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M 87408

1. Entity Name
Rabon Dental Lab, Inc

DO NOT WRITE IN THIS SPACE

B0057271

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5556 County Road 209 So.	3033-1 Hartley Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Green Cove Springs, Fl	City & State: Jacksonville, Fl
Zip: 32043 Country: St Johns	Zip: 32257 Country: Duval

4. FEI Number: 59-2872035 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: RJ Huisinga

Street Address (P.O. Box Number is Not Acceptable): 3033-1 Hartley Road

City: Jacksonville FL Zip Code: 32257

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: _____ 3/16/07

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President / Director
NAME	Ann Rabon
STREET ADDRESS	5556 County Road 209 South
CITY-ST-ZIP	Green Cove Springs, Fl 32043

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ann B. Rabon ANN B. RABON, President 3-2-02 904-501-8406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)