2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 20, 2001 8:00 am Secretary of State DOCUMENT # P0000042036 1. Entity Name JAMES L. GREGALOT, D.D.S., INC. 01-20-2001 90020 046 ***158.75 Principal Place of Business Mailing Address 4010 S 57 AVE STE 101 4010 S 57 AVE STE 101 LAKE WORTH FL 33463 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For FEI Number 012279 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES L =REGALOT, GREGALOT, JAMES L DPS Street Address (P.O. Box Number is Not Acceptable) 4010 S 57 AVE STE 101 LAKE WORTH FL 33463 Zip Code FL 8. The above named entity submits this standment for the pure ose of changing its registered office or registered agent, or both, in the State of Florida **SIGNATURE** required when reinstating) FILE NOW!!! FEE \$ \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DINECTOR PRESIDENT CR2E034 (10/00) Delete TITLE ☐ Addition GREGALOT, JAMES L NAMÉ NAME GREGALITI JAMES L ATA AVE, SUITE 101 4010 S 57 AVE STE 101 STREET ADDRESS STREET ADDRESS 010 S. JATA AVE, 501 AKE WORTH, FL 33463 CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP VICE-PRESIDENT SECRETARY TITLE ☐ Delete TITLE Change Addition HENDERSON, OLENIA 4010 S. 574 AVE, Suite 101 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GREGALOT, DARLENE 4010 S. 570 AVENUE SUITE 101 Delete TITLE ECRETARY - Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE WORTH, FL 33463 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quarry 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 any 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 leport 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 government.