

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90150 048 ***150.00

0498068 AV

DOCUMENT # P00000078194

1. Entity Name
PROSTHETIC DENTAL LAB, INC.



Principal Place of Business
**11129 HAMMOCK DRIVE
LARGO FL 33774**

Mailing Address
**11129 HAMMOCK DRIVE
LARGO FL 33774**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3245081**

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

**MARTINEZ, HARRY
11129 HAMMOCK DRIVE
LARGO FL 33774**

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

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 ☐ Delete
NAME **D**
STREET ADDRESS **MARTINEZ, HARRY**
CITY-ST-ZIP **11129 HAMMOCK DRIVE
LARGO FL 33774**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE HARRY MARTINEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

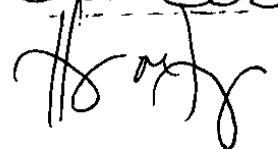
5/5/03 727 517 7434
Date Daytime Phone #

CR2E034 (10/02)

To Whom it Concerns: ~~2011.06.09~~ 07/07/03
0000000 78194.

Enclosed is payment for \$150.00. We received our form very late and had experienced the same problem last year. We called customer service and spoke with a "Drew" on 5/5/03. She instructed us to send this letter explaining why it is being sent after 5/1/03 and to enclose the \$150.00 payment. If further explanation is needed please contact us at 727-577-7434.

Thank You for your understanding in this matter.

Sincerely,

Harry Martinez
Owner Prosthetic
Dental
Lab