

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90048 024 \*\*\*150.00

**DOCUMENT # P01000059109**

**1. Entity Name**  
**SMILE MAKERS DENTAL LAB, INC.**

**Principal Place of Business**  
**1145 S ECONLOCKATCHEE TRAIL**  
**ORLANDO FL 32825**

**Mailing Address**  
**1145 S ECONLOCKATCHEE TRAIL**  
**ORLANDO FL 32825**

**2. Principal Place of Business**  
**342 E. Plant St.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**342 E. Plant St.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**  
**Winter Garden**  
**34787 USA**

**City & State**  
**Winter Garden**  
**34787 USA**

**4. FEI Number**  
**59-3726336**  
 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOLLEY, PAULA**  
**BEST KEPT BOOKS**  
**963 W JUNIATA ST**  
**CLERMONT FL 34711**

**7. Name and Address of New Registered Agent**

**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** *Vincent Sclafani* **DATE** **3/10/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **LYNCH, JOHN**  
**STREET ADDRESS** **1145 S ECONLOCKHATCHEE TRAIL**  
**CITY-ST-ZIP** **ORLANDO FL 32825**

**TITLE** **D** ☐ Delete  
**NAME** **SCLAFANI, VINCENT**  
**STREET ADDRESS** **12728 LAKE RIDGE CIRCLE**  
**CITY-ST-ZIP** **CLERMONT FL 34711**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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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:** *Vincent Sclafani*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/02 407-656-6538**  
 Date Daytime Phone #

CR2E034 (9/01)