

FILED

Jan 30, 2003 8:00 am
Secretary of State

01-13-2003 90050 023 ***150.00

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

DOCUMENT # P01000059109

1. Entity Name

SMILE MAKERS DENTAL LAB, INC.



Principal Place of Business

342 E. PLANT ST.
WINTER GARDEN FL 34787

Mailing Address

342 E. PLANT ST.
WINTER GARDEN FL 34787

55003757



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

59-3726336

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Mary E. LaChiusa
Street Address (P.O. Box Number is Not Acceptable)
Best Kept Books
339 West Montrose St.
Clermont FL 34711

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

1/9/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LYNCH, JOHN	
STREET ADDRESS	1145 S ECONLOCKHATCHEE TRAIL	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCLAFANI, VINCENT	
STREET ADDRESS	12728 LAKE RIDGE CIRCLE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	SCLAFANI, KATHLEEN	<input type="checkbox"/> Delete
NAME	12728 LAKE RIDGE CIR.	
STREET ADDRESS	CLERMONT, FL 34711	
CITY-ST-ZIP		
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynch, John	
STREET ADDRESS	1136 S Econlockhatchee Trail	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SCLAFANI, KATHLEEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12728 LAKE RIDGE CIR	
STREET ADDRESS	CLERMONT, FL 34711	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

KATHLEEN SCLAFANI, SECRETARY

1/9/03

407-656-6538

Date

Daytime Phone #

CR2E034 (10/02)