2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000065147

1. Entity Name

A & S DENTAL LAB, INC.



FILED Feb 17, 2003 8:00 am **Secretary of State**

02-17-2003 90189 006 ***150.00

SUITE 101 19 MARGATE FL 2002		failing Address 919 NORTH STATE ROAD 7 UITE 101 ARGATE FL 33063 Mailing Address			• .	
2. Principal Place of Business 3.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number OF 111700		
Zip	Country	Zip	Country	05-111/894	Applied For Not Applicable	
	6. Name and Address of Current Regis	tered Agent		<u></u>	8.75 Additional	
10110			- Name	/. Name and Address of New Registered Ad	ent	
ISAAC, FRED 1919 NORTH STATE ROAD 7 SUITE 101 MARGATE FL 33063				Street Address (P.O. Box Number is Not Acceptable)		
			City	City FL Zip Code office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title if a	,	egistered office or regist		iliar with, and accept	
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of State			G. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
TITLE	OFFICERS AND DIRECT		11.	ADDITIONS/CHANGES TO OFFICERS AND DIR		
NAME STREET ADDRESS CITY-ST-ZIP	ISAAC, FRED 1919 NORTH STATE ROAD 7 MARGATE FL 33063	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		RECTORS IN 11 Change	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
NAME STREET ADDRESS CITY-ST-ZIP		- Delete ~	TITLE	÷□ 0	Change	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CI	hange Addition	
ITLE		☐ Delete	TITLE			

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 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 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

☐ Change

Addition

☐ Addition