

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

PENDING
02-06-2004 90011 010 ***150.00
P02000012100

FILED

04 APR -9 AM 7:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
44007899

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

DOCUMENT # **P02000012100**

1. Entity Name

Susannes Dental LAB INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7513 Beunson Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakewood FL

City & State

4. FEI Number

80-0028398

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Henry Somers

Street Address (P.O. Box Number is Not Acceptable)

7513 Beunson Circle

City

Lakewood

FL

Zip Code

33467

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

600032513646
04/13/04--01019--012 *150.00**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DB
Suzanne Somers
7513 Beunson Circle
Lakewood FL 33467**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

S. Somers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/02)

pg 2052

Attachment

44007844

Suzanne Somers
7573 Brunson Circle
Lakeworth, FL 33467

Florida Department of State
Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

September 27 2003

Susanne's Dental Lab, Inc.
P02000012100
7573 Brunson Circle
Lakeworth FL 33467

I am enclosing a check for \$150.00. for my corporate renewal. I realize that this late. I did not receive the form until the cancellation of the corporation. I would like to know if you can take my circumstances into consideration. My husband has been diagnosed with cancer. Many things have been pushed to the side because of treatments and travel time. My Dental Lab is my only source of income. My medical bills are growing by the day.

If any medial information is needed I can provide you with it. If there is any thing that can be done please notify me at the address listed above. I have tried calling the number listed on the form and have paid \$4.00 two times and am unable to get help.

Thanking you in advance for you help in this matter.

Sincerely

Suzanne Somers

Suzanne Somers