

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

FILED
Jun 18, 2003 8:00 am
Secretary of State

06-18-2003 90020 017 ***150.00

DOCUMENT # *P02000063295* *(D)*

1. Entity Name

Sean Tucker Dental Lab Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

530 N. MAIN ST.

3. Mailing Address

P.O. Box 1160

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

High Springs FL.

City & State

High Springs FL.

4. FEI Number

02-0608947

Applied For

Not Applicable

Zip

32655

Country

US

Zip

32655

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Sean Tucker*

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

17404 NW 251 LN

City

Alachua FL.

FL

Zip Code

32615

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

Sean Tucker Sean Tucker / President

6-5-03

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

(NOTE: Registered agent signature required when reinstating)

DATE

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 *President*
NAME *Sean Tucker*
STREET ADDRESS *17404 NW 251 LN*
CITY-ST-ZIP *Alachua FL 32615*

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**DO NOT WRITE
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:

Sean Tucker Sean Tucker / President

6-5-03

Date

(386) 454-4406

Daytime Phone #

CR2E034B (12/02)