

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 20 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099420

1. Entity Name

Just Dentures, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9250 College Pkwy

Suite, Apt. #, etc

3. Mailing Address

1560 Matthew De

Suite, Apt. #, etc

Unit C

City & State

Ft Myers, FL

City & State

Ft Myers, FL

Zip

33919

Country

USA

Zip

33907

Country

USA

REINSTATEMENT

03

4. FEI Number

35-2180708

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Louis Rosellini

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

1560 Matthew De Unit C

City

Ft Myers

FL

Zip Code

33907

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]

Louis Rosellini

11-17-03

Signature, name or printed name of registered agent and date of signature

(NOTE: Registered Agent signature requires other verification)

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: Louis Rosellini CEO President
NAME: 1560 Matthew De Unit C
STREET ADDRESS: Ft Myers, FL 33907
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
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TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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)(f), 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 and all other like empowered

SIGNATURE:

[Signature]

Louis Rosellini

239-454-3650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

27



Put A Little Sunshine In Your Smile

November 18, 2003

Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Letter Number: 103A00060957 Just Dentures, Inc.

To Whom it May Concern,

We have received a letter returning our Uniform Business Report reference Florida Department of State Letter Number 903A00060956 dated November 7, 2003. On October 30, 2003 we had sent in the UBR and a letter requesting a waiver of the \$600.00 fee due to the fact we did not receive the required forms and had to go on to the Florida State website to download the Uniform Business Report.

Upon contacting a Document Specialist we have been instructed to return the original UBR with the copy of our original letter requesting the waiver and the UBR would be processed and the \$600.00 fee would be waived.

Thank you for your prompt attention to this matter clearing this is quite important to us.

If you should have any questions please feel free to contact me at 239-454-3650.

Sincerely,

A handwritten signature in black ink, appearing to read 'Louis F. Rosellini', written over a horizontal line.

Louis F. Rosellini
C.E.O