

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91832 045 ***150.00

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1. Entity Name

BEAVER DENTAL LABS, INC.



Principal Place of Business

3617 CROWN POINT ROAD
SUITE #2
JACKSONVILLE FL 32257

Mailing Address

3617 CROWN POINT ROAD
SUITE #2
JACKSONVILLE FL 32257

2. Principal Place of Business

3437 Atlantic Blvd

3. Mailing Address

P O Box 24668

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32207

Country

USA

Zip

32241

Country

USA

4. FEI Number

30-0143467

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HERNANDEZ, MEREDITH A
3617 CROWN POINT ROAD
SUITE #2
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 PSTD
NAME BEAVER, HUNTER M
STREET ADDRESS 3617 CROWN POINT ROAD SUITE #2
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VD
NAME BEAVER, HARRION A III
STREET ADDRESS 3617 CROWN POINT ROAD SUITE #2
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)