## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9300005855 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name M & H DENTAL LABORATORY, INC. 04-24-2000 90007 043 \*\*\*150.00 Principal Place of Business Mailing Address 3 ORANGE AVE 3 ORANGE AVE **ROCKLEDGE FL 32955-2945** ROCKLEDGE FL 32955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3163128 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOUZE, REBECCA S Street Address (P.O. Box Number is Not Acceptable) 3 ORANGE AVE ROCKLEDGE FL 32955 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPTS 🖄 Change ☐ Addition TITLE ☐ Delete TITLE HOUZE, MARC D. Houze, Marc D. NAME NAME 21 Burlington Avenue 3 ORANGE AVE STREET ADDRESS STREET ADDRESS ROCKLEDGE FL 32955 CITY-ST-ZIP CITY-ST-ZIP Rockledge, FL 32<u>955</u> [...] Change Addition ☐ Delete TITLE TITL F Houze, Rebecca S. NAME NAME STREET ADDRESS 21 Burlington Avenue STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00 321-636-5644