

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 20 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031842

1. Entity Name

Quality Crown & Bridge, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6267 Whitaker Road

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Same

4. Fed. Number

65-0493748

Applied For

Not Applicable

Zip

34112

Country

US

Zip

Same

Country

Same

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Michael ZimmermanStreet Address (P.O. Box Number is Not Acceptable)
13320 SW 128th Street

Miami

FL

33186

**DO NOT WRITE
IN THIS SPACE**

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

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

NOTE: Registered Agent Signature required when changing.

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so
(See criteria on back)

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Melissa Jayne / Pres. 6267 Whitaker Road Naples, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 this 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

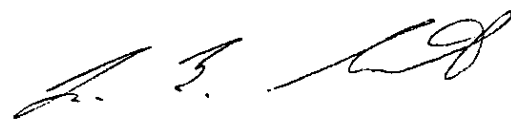
Melissa Jayne 11/2/02 *Melissa Jayne*

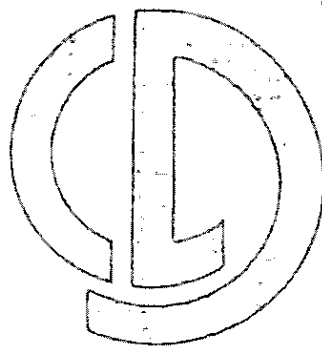
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

11.12.02

I hereby state that we never
received this form that our
accountant is referring to.


Office Manager.



CERTIFIED DENTAL
LABORATORY

P.S. Please Respond,
Thank You.

