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	3. Mailing Address
6267 Whitaker Road	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Florida	City & State: Same
Zip: 34112 Country: US	Zip: Same Country: Same

4. FEI Number: 65-0493748 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michael Zimmerman

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

City: Miami FL Zip Code: 33186

6. 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 _____ DATE

(Signature required if name of registered agent is changed. NOTE: Registered Agent's signature required when reinstating.)

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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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Melissa Jayne 11.12.02 Melissa Jayne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Quality Crown & Bridge
6267 Whitaker Rd. Naples, FL 34112 (941) 417-0202 Fax (941) 417-0210

11.12.02

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

T. S.

Office Manager.

CERTIFIED DENTAL
LABORATORY

P.S. Please Respond,
thank You.

T. S.