

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90763 028 ***150.00

03/09/03 AV

DOCUMENT # P94000033590

1. Entity Name
NELSON DENTAL LABS, INC.



Principal Place of Business
**3508 TAMiami TrL
UNIT E
PT CHARLOTTE FL 33952**

Mailing Address
**3508 TAMiami TrL
UNIT E
PT CHARLOTTE FL 33952**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2885 TAMiami TrL

3. Mailing Address
2885 TAMiami TrL

Suite, Apt. #, etc.
STE. 211

Suite, Apt. #, etc.
STE. 211

City & State
PORT CHARLOTTE, FL

City & State
PORT CHARLOTTE, FL

4. FEI Number
31-1253289

Applied For
 Not Applicable

Zip
33952

Country
USA

Zip
33952

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, DOUGLAS E
3508 TAMiami TrL
UNIT E
PT CHARLOTTE FL 33952**

Name
NELSON, Douglas E.
Street Address (P.O. Box Number is Not Acceptable)
**2885 TAMiami TrL
STE. 211**
City
PORT CHARLOTTE FL Zip Code
33952

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 *Douglas E. Nelson*

DATE **3-7-03**

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NELSON, DOUGLAS 3102 YUKON DRIVE PT CHARLOTTE FL 33948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NELSON, DONNA J 3102 YUKON DRIVE PT CHARLOTTE FL 33948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Douglas E. Nelson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3-7-03** DAYTIME PHONE # **741-766-0944**

CR2E034 (10/02)