## 2000 UNIFORM BUSINESS REPORT (UBR) FILED

1. Entity Nam	MENT # <b>P940000</b> 4 DENTAL LAB OF NORTHEAST				Apr 13, 20 Secretary 04-13-2000 9008	of Sta	te
Principal Plac	e of Business	Mailing Address		_			
INE DOCTORS LANE AKE WALES FL 33853		ONE DOCTORS LANE LAKE WALES FL 33853-4956 US				alia Arken /8181 16841 1811	mi ((#) (# <b>#</b> )
2. Principal P 800 L Suite, Apt. 162	omay St. Sta 102	3. Mailing Address  SOC LOM AX Suite, Apt. #, etc. STE / 02	54.		DO NOT WRITE IN	THIS SPACE	
JA C	KSONVIlle FI	TACKS ON VILL	ler FI	4. F	El Number <b>59-3247395</b>	<del></del>	plied For t Applicable
3204	Country	35204	DUVAL	5. 0	Certificate of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current Re	gistered Agent		7. N	ame and Address of New Registe	ered Agent	
	and the second s	· tengar	Name	550	6 1 Spors	-	
	es, Joseph A. Barrister Court		Street Addre		ox Number is Not Acceptable)	102	
	(SONVILLE FL 32257		300				
<b>U.</b> 1.0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		JACK	CS BN	VIIIE M		
			City			FL 7950g	
8. The above	named entity submitted this statement for the			istered age	ent, or both, in the State of Florida.	FL Ziggg	oy
8. The above	named entity submitted his statement for the sta	5 OWNER/			ent, or both, in the State of Florida. $2-/4$	FL Zip Code	oy
9. His corpor	SOSEPH A. SARE	ES OWNEA / Fitte if applicable. (FOTE: Ri	gistered office or reginal properties of the segment of the segmen	quired when rei	ent, or both, in the State of Florida. $2-/4$	F-00 DATE	O May Be
9. His corpor	Signature, typed or printed name of registered agent and or praction is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! After MAY 1, 2000 Make Check Payable	gistered office or reginerative recommendations of the state of the st	quired when rei	not, or both, in the State of Florida.  2 - / 4  Instatung)  10. Election Campaign Financin Trust Fund Contribution.  DITIONS/CHANGES TO OFFICERS	9 \$5.00 Added	to Fees
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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)(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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: