

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000049151

1. Entity Name

HI-TECH DENTAL LAB OF NORTHEAST FLORIDA, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90086 029 ***150.00

Principal Place of Business

Mailing Address

ONE DOCTORS LANE
LAKE WALES FL 33853
US

ONE DOCTORS LANE
LAKE WALES FL 33853-4956
US

2. Principal Place of Business

800 LOMAX ST. STE 102

3. Mailing Address

800 LOMAX ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

STE 102

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32204

Country

DUVAL

Zip

32204

Country

DUVAL

6. Name and Address of Current Registered Agent

SARES, JOSEPH A.
9093 BARRISTER COURT
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

JOSEPH A. SARES

Street Address (P.O. Box Number is Not Acceptable)

800 LOMAX ST STE. 102

JACKSONVILLE FL

City

FL

Zip Code

32204

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: *Joseph A. Sares*
JOSEPH A. SARES OWNER/PRES.

2-14-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 D ☐ Delete
NAME SARES, JOSEPH A.
STREET ADDRESS ONE DOCTORS LANE
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D ☐ Delete
NAME SARES, RENEE
STREET ADDRESS ONE DOCTORS LANE
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME SARES, JOSEPH A.
STREET ADDRESS 800 LOMAX ST STE. 102
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☒ Change ☐ Addition
NAME SARES, RENEE
STREET ADDRESS 800 LOMAX ST. STE 102
CITY-ST-ZIP JACKSONVILLE, FL. 32204

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Joseph A. Sares*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00 (904) 358-8400
Date Daytime Phone #

CR20034 10/0001