

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90113 034 ***150.00

DOCUMENT # P95000047189

1. Entity Name
CAL-TECH DENTAL LABORATORY, INC.

Principal Place of Business 2830 NW 41ST STREET SUITE A GAINESVILLE FL 32606 US	Mailing Address 2830 NW 41ST STREET SUITE A GAINESVILLE FL 32606-6667 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3319721**
 Applied For Not Applicable

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

**LINCOLN, HOWARD
 703 NE FIRST STREET
 GAINESVILLE FL 32602**

Name
 Street Address (P.O. Box Number is Not Acceptable)
**2830 NW 41st St.
 Suite I
 City Gainesville FL Zip Code 32606**

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 *Howard T Lincoln* **Howard T Lincoln** **3/7/00**
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.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
PM	LINCOLN, HOWARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2830 N.W. 41ST STREET, SUITE A	GAINESVILLE FL 32606		
VTS	DAUPHINEE, STEVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2830 N.W. 41ST STREET, SUITE A	GAINESVILLE FL 32606		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Howard T Lincoln* **Howard T Lincoln** **3/7/00** **(352) 376-8443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)