

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **095000051791**

1. Entity Name

Gainesville Dental Lab, Inc.

Principal Place of Business

Mailing Address

**4000 W. Newberry Rd.
Suite E**

2. Principal Place of Business

**4000 W Newberry Rd
Suite E**

3. Mailing Address

NAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville Fla

City & State

NAME

Zip

Country

FLORIDA

Zip

NAME

Country

FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Mr. Ralph Prender
4000 W Newberry Rd
Gainesville, FL 32607**

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Ralph Prender, President** ☐ Delete
NAME
STREET ADDRESS **4000 W Newberry Rd**
CITY-ST-ZIP **Gainesville, Fla 32607**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Ms. Sherie Lewis**
STREET ADDRESS **4000 W. Newberry Rd.**
CITY-ST-ZIP **Gainesville, Fla 32607**

TITLE **Ralph Prender** ☐ Delete
NAME **Vice President**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Ms. Sherie Lewis**
STREET ADDRESS **4000 W. Newberry Rd.**
CITY-ST-ZIP **Gainesville, Fla 32607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400003291614--6
-06/15/00--01067--025
******150.00 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 JUN -8 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3323559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

SP

Gainesville Dental Lab, Inc.
4000 W. Newberry Road
Gainesville, FL 32607

June 07, 2000

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Attached to the cover letter is a copy of Gainesville Dental Lab Inc. minutes for our corporate meeting. Also attached is a 2000 Uniform Business Report (UBR), along with a check for \$150.00 for the filing fee.

If you have any questions, please contact me at the above address.

Sincerely,



Ralph Prendes, President

