2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # P9600011662 FLICKINGER DENTAL LABORATORY, INC. 02-01-2000 90003 034 ***150.00 Mailing Address Principal Place of Business 1031 - 18TH STREET #1 ~ ijūsi - 18TH STREET #I 🕨 VERO BEACH FL 32960-5588 NUUUUAV: VEHIO BEACH FL 32960 3. Mailing Address 2. Principal Place of Business Su.telt DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0696813 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLICKINGER, ROBERT N JR Street Address (P.O. Box Number is Not Acceptable) 1031 - 18TH STREET #1 VERO BEACH FL 32960 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 , 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete FLICKINGER, ROBERT N JR NAME NAME' STREET ADDRESS 1031 - 18TH STREET #1 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL132960 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE PAYNE, SAMUEL A NAME NAME STREET ADDRESS STREET ADDRESS 160 8TH AVENUE, SW CITY-ST-ZIP VERO BEACH FL 32962 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attach feet with an address, with all other like empowered.

SIGNATURE

1/15/00

5617788579

Daytime Phone #