# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2004**
**Secretary of State**

DOCUMENT# P96000028687

**Entity Name:** UNITED DENTAL LAB, INC.

**Current Principal Place of Business:**

254 S. COUNTY ROAD 427, SUITE 136
LONGWOOD, FL 32750

**New Principal Place of Business:**

3537 MAYFLOWER LANE
APOPKA, FL 32703 US

**Current Mailing Address:**

3537 MAYFLOWER LN.
APOPKA, FL 32703

**New Mailing Address:**

3537 MAYFLOWER LN.
APOPKA, FL 32703 US

**FEI Number: 59-3370786** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHOI, HWAN
3537 MAYFLOWER LN.
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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: _____
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: CHOI, JIN O
Address: 1312 HAMPSHIRE PLACE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VS ( ) Delete
Name: CHOI, HWAN D
Address: 1312 HAMPSHIRE PLACE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HWAN D. CHOI VP 01/16/2004
Electronic Signature of Signing Officer or Director Date