## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P96000035091 DOCUMENT #

1. Entity Name

MORGAN DENTAL LAB, INC.



Principal Place of Business Mailing Address 4179 JAMES STREET, UNIT A-2 4179 JAMES STREET, UNIT A-2 PORT CHARLOTTE FL 33980 PORT CHARLOTTE FL 33980 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0736202 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORGAN, ERROL L SR. Street Address (P.O. Box Number is Not Acceptable) 4179 JAMES STREET, UNIT A-2 PORT CHARLOTTE FL 33980 City 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution.  $\Box$ Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition MORGAN, GENE M NAME 18209 BLY AVE. STREET ADDRESS PORT CHARLOTTE FL CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-7IP Delete TITLE Change ☐ Addition STREET ADDRESS CITY-ST-ZIP

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90132 027 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NING OFFICER OR DIRECTOR

CR2E034 (10/02)