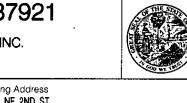
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000037921 **DOCUMENT #**

1. Entity Name

JOHN HINSHAW DENTAL LABORATORY, INC.



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90175 025 ***150.00

Principal Place of Business 2112 NE 2ND ST POMPANO BEACH FL 33062			Mailing Address 2112 NE 2ND ST POMPANO BEACH FL 33062				;					
2. Principal Place of Business			3. Mailing Address								 	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4, 1	4. FEI Number 65-0662686 Applied For Not Applicable				
Zip	Country		Zip	Zip Cour		ry	5. (5. Certificate of Status Desired			ditional	
	6. Name	and Address of Current	Registered Ag	jent				Name and Address of New Regis	stered:Ag	ent		
						Name						
HINSHAW, JOHN SR						•						
						Street Address (P.O. Box Number is Not Acceptable)						
2112 NE 2ND STREET POMPANO BEACH FL 33062												
PUMPANU) REACH FL	. 33062										
						City	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. 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 Make Check Payable to Florida Department of State								Election Campaign Financ Trust Fund Contribution.	ing		0 May Be to Fees	
10.		OFFICERS AND	DIRECTORS		11.		AD	I DITIONS/CHANGES TO OFFICEI	RS AND D	IRECTORS	S IN 11	
TITLE	D			Delete	TITLE					Change	Addition	
NAME	HINSHAW,	JOHN SR		_ 00/0/0	NAME				_		_	
STREET ADDRESS	9088 SW 2	2ND ST UNIT D			STREE	T'ADDRESS						
CITY-ST-ZIP	BOCA RAT	ON FL 33428			CITY-	ST-ZIP					\	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		FABRIS 4ST STREET APT 701 BEACH FL 33062		Delete		T ADDRESS ST-ZIP			[_ Change	Addition	
TITLE				☐ Delete	TITLE	<u> </u>			٦	Change	Addition	
NAME					NAME		•		_			
STREET ADDRESS					STREE	T ADDRESS						
CITY-ST-ZIP					CITY-	ST-ZIP						
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STREET ADDRESS						T ADDRESS					Ϋ́	
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TITLE				☐ Delete	TITLE					Change	☐ Addition	
NAME					NAME	.						
STREET ADDRESS					STREE	T ADDRESS						
CITY-ST-ZIP					City-S	ST-ZIP		•				
12. Thereby 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											formation	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #