

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045831

1. Entity Name
JAMES DENTAL LAB, INC.

FILED

01 AUG 10 PM 2: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6531 SUNSET STRIP SUITE 6 SUNRISE FL 33313		Mailing Address 6531 SUNSET STRIP SUITE 6 SUNRISE FL 33313	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0675527		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent EWERS, JAMES 6531 SUNSET STRIP SUITE 6 SUNRISE FL 33313		7. Name and Address of New Registered Agent 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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EWERS, JAMES 6531 SUNSET STRIP, #6 SUNRISE FL 33313		000004560860-1 -08/28/01--01104--006 ****150.00 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		LS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

James A. Ewers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-01

954-572-5376

Date Daytime Phone #

CR2E034 (10/00)

2002

James Dental Lab Inc.
6531 Sunset Strip, Suite 6
Sunrise, Florida 33313
954-572-5376 Beeper 412-3017 8-6-01

DEAR DEPARTMENT OF STATE,

I HAVE OWNED AND OPERATED
MY BUSINESS SINCE 1995 AND
HAVE NEVER MISSED MY RENEWAL
UNTIL THIS YEAR. I PUT IT IN
MY DRAW AND HONESTLY FORGOT
ABOUT IT. BUSINESS WAS SO BAD
I JUST DIDN'T THINK OF IT. I
ALMOST LOST MY BUSINESS DUE
TO A LACK OF BUSINESS. SO I
ASK FOR LEANICEY. PLEASE HELP
ME. IN 1998 I HAD A HEART
ATTACK AND HAVE BEEN TRYING
TO RECOVER MY BUSINESS SINCE.
I TAKE THIS VERY SERIOUSLY BUT
I did honestly FORGET IT.

Sincerely James A. Evers