

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90039 031 ***150.00

80058720

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P96000077199V**
1. Entity Name
Inno Dental Products, Inc.

Principal Place of Business Mailing Address
8201 La Vista Circle Same
Jacksonville, FL 32217

2. Principal Place of Business Suite, Apt. #, etc.
City & State Zip
3. Mailing Address Suite, Apt. #, etc.
City & State Zip
date incorporated 9-16-96

4. FEI Number
Not applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Mary Anne Eldredh
8201 La Vista Circle
Jacksonville, FL 32217

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
TITLE ☐ Delete
NAME **President**
STREET ADDRESS **Mary Anne Eldredh**
CITY-ST-ZIP **8201 La Vista Circle**
Jacksonville, FL 32217

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE: **Mary Anne Eldredh** **4-5-00** **(904) 3670833**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)