

2002 UNIFORM BUSINESS REPORT (UBR)

440564 AV

DOCUMENT # **P96 0000 89942**

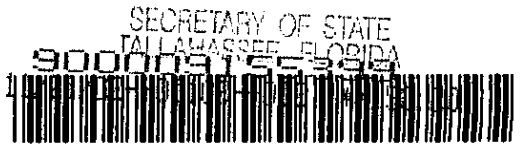
1. Entity Name
SUN SHINE DENTAL LAB, INC.

FILED

02 NOV 21 AM 11:08

Principal Place of Business
2555 PHILLIPPE PKWY
Safety Harbor FL 34695

Mailing Address
2555 PHILLIPPE PKWY
Safety Harbor FL 34695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3409567

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Kang, Sung B.
2555 philippe pkwy
Safety Harbor FL 34695

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. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002, 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									
<table> <tr> <td>TITLE</td><td><input type="checkbox"/> Delete</td></tr> <tr> <td>NAME</td><td>D Kang, Sung B.</td></tr> <tr> <td>STREET ADDRESS</td><td>2555 philippe pkwy</td></tr> <tr> <td>CITY-ST-ZIP</td><td>Safety Harbor FL 34695</td></tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME	D Kang, Sung B.	STREET ADDRESS	2555 philippe pkwy	CITY-ST-ZIP	Safety Harbor FL 34695	
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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STREET ADDRESS	300009155399
CITY-ST-ZIP	11/21/02--01103--012 **150.00
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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:

11/6/02

CR2E034 (9/01)

SUNSHINE DENTAL LAB, INC.

2555 Phillippe PKWY, Safety Harbor, FL 34695

TEL: (727) 726-0223

November 6, 2002

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Annual Report
P96000089942

Dear Sir/madam:

In accordance with the advice from one of your staff, I am writing this letter along with the enclosed form of annual report and a check of \$ 150.00.

JGL

We did not receive the annual report and accordingly, we are submitting you a filled out blank form. As you may note in the annual report form, please correct the mailing address.

The correct mailing address is as follows:
2555 Phillippe PKWY, Safety Harbor, FL 34695

Inasmuch as we never received the form and even any notice at all, we hope you may vitiate any penalties.

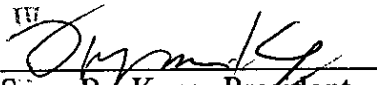
I am respectfully requesting you to remove any late filing penalties in consideration of the reasonable cause described above.

I thank you very much for your consideration in this matter and please feel free to call me should you have any questions in this matter.

JGL

Very truly yours,

JGL

W

Sung B. Kang, President