

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026473

1. Entity Name
SCHEMER DENTAL CERAMICS, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90119 006 ***160.00

Principal Place of Business 9471 BAYMEADOWS RD STE 302 JAX FL 32256 US	Mailing Address 9471 BAYMEADOWS RD STE 302 JAX FL 32256 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8567 ROYAL LAKES DR.	3. Mailing Address 8567 ROYAL LAKES DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL	4. FEI Number 59-3355930	Applied For <input type="checkbox"/> Not Applicable
Zip 32256	Country DUVAL	Zip 32256	Country DUVAL

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**SCHMER, I L
9471 BYMEADOWS RD
STE 302
JAX FL 32216**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8567 ROYAL LAKES DR.
City
JACKSONVILLE **FL** Zip Code
32256

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 *Irving L. Schemer* **IRVING L. SCHEMER** DATE **4/27/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SCHEMER, IRVING L 9471 BAYMEADOWS RD, STE 302 JACKSONVILLE FL 32256	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8567 ROYAL LAKES DR. JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004462706	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-07/06/01--01069--022	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*****50.00 *****50.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 the empowered.

SIGNATURE: *Irving L. Schemer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
Date Daytime Phone #

CR2E034 (10/00)