

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

90117819

<b>DOCUMENT # P97000026473</b> 1. Entity Name <b>SCHEMER DENTAL CERAMICS, INC.</b>		
Principal Place of Business 8567 ROYAL LAKES DRIVE JACKSONVILLE, FL 32256 US		Mailing Address 8567 ROYAL LAKES DRIVE JACKSONVILLE, FL 32256 US
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
4. FEI Number 59-3355930		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  SCHMER, I L 8567 ROYAL LAKES DRIVE JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City
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.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents please register when submitting)</small>		DATE _____
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SCHEMER, IRVING L 8567 ROYAL LAKES DRIVE JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 provided 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 filers empowered.		
SIGNATURE: <u>Irving L. Scher</u>		Date: <u>4-30-03</u>

CR2E034 (10/02)