

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90087 006 ***150.00

STATE BAR

DOCUMENT # **P97000073759**

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12-03-02
RJK*



1. Entity Name
~~A AND P CERAMIC ART DENTAL LABS, INC.~~
ADONIS Dental Lab, Inc.

Principal Place of Business 5209 STE 8 TIMUQUANA RD JACKSONVILLE FL 32210 US	Mailing Address 5209 STE 8 TIMUQUANA RD JACKSONVILLE FL 32210 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. **5208 JAMES RD** Suite, Apt. #, etc. **5208 JAMES RD**

City & State **JACKSONVILLE, FL** City & State **JACKSONVILLE, FL**

Zip **32210** Country Zip **32210** Country

4. FEI Number **59-3470737** Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
DAVIE, JAMES H II
733 NORTH PALMETTO AVENUE
GREEN COVE SPRINGS FL 32043

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IGNACIO, ADONIS 1408 N COVE COURT ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS IGNACIO, ANNABELLE 1408 N COVE ST ORANGE PARK FL 32003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Adonis Ignacio** **ADONIS IGNACIO** 4-3-03 (904) 908-0902

CR2E034 (10/02)