

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 JAN 10 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **997000075487**

1. Entity Name
contour dental lab INC

Principal Place of Business Mailing Address
**6041 Kimberly Blvd Ste L
North Lauderdale FL 33068**

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 **650592725** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name **DAVID MOORE**
Street Address (P.O. Box Number is Not Acceptable)
6003 NW 37th Ave
City **FT LAUDERDALE** FL Zip Code **33309**

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 **David Moore** **300004795669--4**
-01/25/02--01020--009
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) *****150.00 ***150.00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 P | NAME Richard Lowmark | <input type="checkbox"/> Delete |
| STREET ADDRESS 585 N.W. 113th Ter | | |
| CITY-ST-ZIP coral springs FL 33071 | | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete |
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| TITLE | NAME | <input type="checkbox"/> Delete |
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| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------|---|
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
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| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 empowerments.

SIGNATURE: **Richard Lowmark** **10/24/01** **(954) 971-7579**

CR2E034 (5/01)

To who it may concern:

I am sending in my annual registration fee of \$150. Last year I sent in my payment with the change of address and this year I never recieved any registration form.

Therefore I would like the additional charges waved for I never recieved any notices.

Thank you,

Contour Dental Lab Inc.

Richard Lowman pres.

License #: DH-0010275

Please make notice of new
address: 6041 Suite L

Kimberly Blvd. North Lauderdale
Florida 33068