

2002 UNIFORM BUSINESS REPORT (UBR)

09-11-2002 90125 049 ***150.00
P97000075487

02 SEP 18 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000075487

1. Entity Name
CONTOUR DENTAL LAB, INC.

Principal Place of Business
6041 KIMBERLY BLVD. STE. L
NORTH LAUDERDALE FL 33068

Mailing Address
6041 KIMBERLY BLVD. STE. L
NORTH LAUDERDALE FL 33068

979652



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0592725

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, DAVID
6003 NW 31ST AVE.
FT LAUDERDALE FL 33309

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 *Richard Lowmark*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/9/02
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 \$550.00
After September 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
P LOWMARK, RICHARD
STREET ADDRESS 585 NW 113TH TERR.
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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 empowered.

SIGNATURE: *Richard Lowmark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02
Date

(954) 971-7579
Daytime Phone #

CR2E034 (4/02)

Attachment

9/9/05
#097000075487

To. Whom It may Concern

Please be advised that
Contour Dental Lab Inc
did not receive first
notice. I'm enclosing the
\$150.00 for annual fee
as we do every year.

Thank you
Richard Lawrence
9/9/05
65-0592705