

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082974

1. Entity Name
MERRILL DENTAL LABORATORY, INC.



Principal Place of Business
3617 WEST KENNEDY BLVD.
TAMPA FL 33609

Mailing Address
3617 WEST KENNEDY BLVD.
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3541881

Applied For

Not Applicable

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

TERRANA, MICHAEL J
2124 WEST KENNEDY BLVD.,STE.A
TAMPA FL 33606

Name

Alexis S. Merrill

Street Address (P.O. Box Number is Not Acceptable)

3202 W. Sanhago St.

City

Tampa

FL

Zip Code

33629

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 Alexis S. Merrill

Alexis S. Merrill wife of owner

4-29-03

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 PDS
NAME BRIAN, MERRILL
STREET ADDRESS 3617 WEST KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT
NAME BRIAN, MERRILL
STREET ADDRESS 3617 WEST KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609

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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

(813) 870-0741

Daytime Phone #



☐ CHECK HERE IF MAKING CHANGES

0457142 AV

CR2E034 (10/02)