

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099566 ✓
 1. Entity Name
PRESTIGE DENTAL AND LAB. Inc.

FILED
May 30, 2000 8:00 am
Secretary of State
 05-30-2000 90103 022 ***150.00

Principal Place of Business Mailing Address
8408 S. Tamiami Trail
Sarasota Florida 34238

2. Principal Place of Business 3. Mailing Address
Same Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.
8408
 City & State City & State
SARASOTA FL.
 Zip Country Zip Country
34238 SARASOTA

4. FEI Number Applied For
65-0896129 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
DR. J.M. THEUNISSEN
8408 S. TAMIAAMI TRAIL
SARASOTA FL. 34238

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.
 SIGNATURE *[Signature]* DATE **5.6.00**
 Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PRESIDENT
DR. J.M. THEUNISSEN
8408 S. TAMIAAMI TRAIL
SARASOTA FL. 34238
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 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 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 *[Signature]* DATE **05-15-00** (941) 918-1416
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DR. J.M. THEUNISSEN

CR2E034 (9/99)