

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099566

1. Entity Name

PRESTIGE DENTAL AND LAB, INC.

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90124 007 ***158.75

Principal Place of Business

Mailing Address

8404 SOUTH TAMiami TRAIL
SUITE 840B
SARASOTA FL 34238

8404 SOUTH TAMiami TRAIL
SUITE 840B
SARASOTA FL 34238

2. Principal Place of Business

3. Mailing Address

8408 South Tamiami Trail

6932 Easton Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 408

City & State

Sarasota FL

Zip

34238

Country

USA

City & State

Sarasota FL

Zip

34238

Country

USA

4. FEI Number

65-0896129

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THEUNISSEN, JOHANNES M
8404 SOUTH TAMiami TRAIL
SUITE 840B
SARASOTA FL 34238

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After MAY-1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME THEUNISSEN, JOHANNES M
STREET ADDRESS 8404 SOUTH TAMiami TRAIL SUITE 840B
CITY-ST-ZIP SARASOTA FL 34238

☐ Delete

TITLE
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STREET ADDRESS
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☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-25-01 941-918-1416

CR2E034 (10/00)