

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0518880 AV

**DOCUMENT # P99000000947**

1. Entity Name

**JAWORSKI DENTAL SERVICE LABORATORY, P.A.**

04-11-2002 90034 020 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3300 CLARK ROAD~~

~~3300 CLARK ROAD~~

~~BUILDING 0~~

~~BUILDING 0~~

~~SARASOTA FL 34233~~

~~SARASOTA FL 34233~~

2. Principal Place of Business

**3990 CLARK ROAD**

3. Mailing Address

**3990 CLARK ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**SARASOTA, FL**

**SARASOTA, FL**

Zip

**34233**

Country

Zip

**34233**

Country

4. FEI Number

**65-0885132**

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

**LAMBRECHT, WILLIAM G**  
**200 S. ORANGE AVENUE**  
**SARASOTA FL 34236**

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P W**  
STREET ADDRESS **JAWORSKI, PAUL H**  
CITY-ST-ZIP **3990 CLARK ROAD**  
**SARASOTA FL 34233**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 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: **Paul H Jaworski**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAR 18 2002**

Date

**941 921-7055**

Daytime Phone #

CR2E034 (9/01)