

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

ORANGE CITY DENTAL LAB

PRO TECH AUTO SERVICE CENTER INCORPORATED

Principal Place of Business

Mailing Address

~~500 N. HIGHTWAY 17~~

~~500 N. HIGHTWAY 17~~

~~ORANGE CITY FL 32137~~

~~ORANGE CITY FL 32137~~

4511 N. Highway 17  
DeLeon Springs, FL 32130

P.O. Box 1460  
DeLeon Springs, FL 32130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, MICHAEL

~~500 N. HIGHTWAY 17~~  
~~ORANGE CITY FL 32137~~

4511 N. Highway 17  
DeLeon Springs, FL  
32130

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS MURPHY, MICHAEL C  
CITY-ST-ZIP ~~2375 SPRING PL~~ P.O. Box 1460  
DELEON SPRINGS FL

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS MURPHY, CAROL  
CITY-ST-ZIP ~~2375 SPRING PL~~ P.O. Box 1460  
DELEON SPRING FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

904 985-2100

Daytime Phone #

FILED  
Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90086 011 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)