

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 899000045961

1. Entity Name
WARMUTH DENTAL LAB INC

Principal Place of Business Mailing Address
5191 SUNBURY COURT

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NAPOLES FL

Same

City & State

City & State

Zip

Country

Zip

Country

34104 USA

34104

USA

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

65-0923944

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 JAMES L. WARMUTH
James L. Warmuth

(NOTE: Registered Agent signature required when reinstating)

6-6-00

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 James L. Warmuth
NAME
STREET ADDRESS 5191 Sunbury Court
CITY-ST-ZIP NAPLES FL 34104
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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Change Addition

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CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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: JAMES L. WARMUTH
James L. Warmuth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-00

Date

941-262-1522

Daytime Phone #

FILED

00 JUN 29 PM 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/12/00 9:0032/017 \$100.00
DO NOT WRITE IN THIS SPACE

CR2000 7/9/00