

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90008 025 ***150.00

DOCUMENT # P99000053626

1. Entity Name
MCPHERSON DENTAL LAB, INC.

Principal Place of Business
970 SUNSHINE CIRCLE
ALTAMONTE SPRINGS FL 32714

Mailing Address
970 SUNSHINE CIRCLE
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

5030 S. HWY 17-92
 Suite, Apt. #, etc.

738 WAYWOOD Ave
 Suite, Apt. #, etc.

City & State
Casselberry FL

City & State
Orlando FL

Zip **32707** Country

Zip **32825** Country

4. FEI Number **59-3581292**

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

MCPHERSON, HECTOR G
738 WAYWOOD AVENUE
ORLANDO FL 32825

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **MCPHERSON, HECTOR G**
 STREET ADDRESS **738 WAYWOOD AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE **D** ☐ Delete
 NAME **MCPHERSON, LOIS**
 STREET ADDRESS **738 WAYWOOD AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/02 **407-831-5501**
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

7/23/02

675976

P99000053626

I have not received any prior notice.
This is the first notice I received.

Thank-you
Lois McSherron