2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000058747**

Country

DUPREE, MARVIN V.

1301 PENMAN RD., STE, E JACKSONVILLE BEACH FL 32250

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

BULAN, BERNIE

HASSON, RICK

TOOLE, CLAYTON

1301 PENMAN RD., STE. E

1301 PENMAN RD., STE. E

1301 PENMAN RD., STE. E

JACKSONVILLE BEACH FL 32250

JACKSONVILLE BEACH FL 32250

JACKSONVILLE BEACH FL 32250

(See criteria on back)

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title it applicable

OFFICERS AND DIRECTORS

1. Entity Name

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

TITLE

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NAME STREET ADDRESS

TITLE

NAME

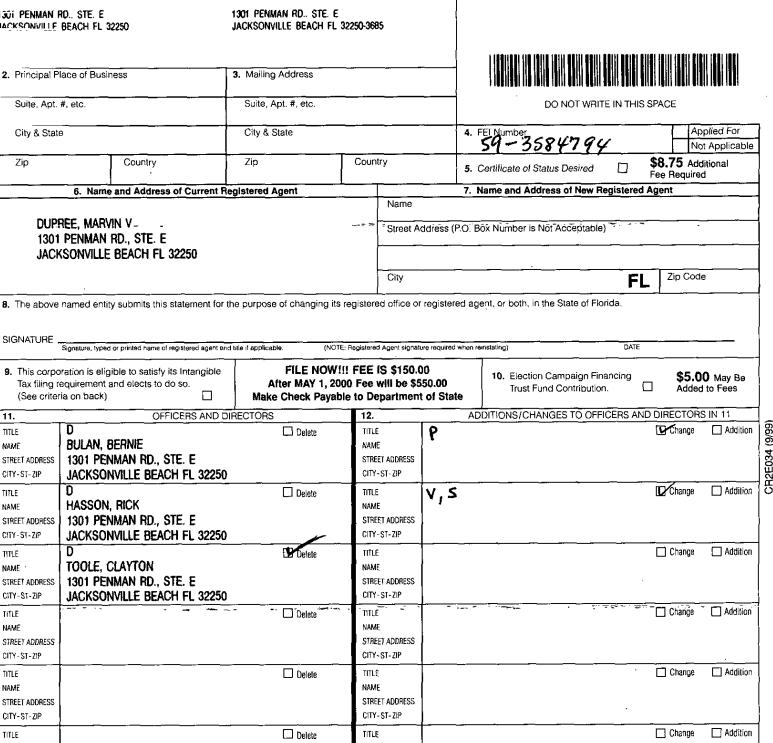
NAME STREET ADDRESS

11.

PABLO DENTAL LAB. INC. Mailing Address Principal Place of Business 1301 PENMAN RD., STE. E. 1301 PENMAN RD., STE. E IACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250-3685 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90203 026 ***150.00



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 attachmer th an address, with all other like empowered.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

P

Name

City

SIGNATURE: