

P99000058747

Requester's Name



PABLO DENTAL LAB INC.

1301 Penman Road Suite E
Jacksonville Beach, Florida
32250-3685

Office Use Only

FILED
01 NOV 21 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ (Corporation Name) _____ (Document #)
- 2. _____ (Corporation Name) _____ (Document #)
- 3. _____ (Corporation Name) _____ (Document #)
- 4. _____ (Corporation Name) _____ (Document #)

900004665879-6
-11/05/01-01047-010
*****35.00 *****35.00

- Walk in Pick up time _____
- Mail out Will wait
- Certified Copy
- Photocopy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials
RAckey
11-26



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 9, 2001

PABLO DENTAL LAB INC.
1301 PENMAN ROAD, SUITE E
JACKSONVILLE, FL 32250-3685

SUBJECT: PABLO DENTAL LAB, INC.
Ref. Number: P99000058747

We have received your document for PABLO DENTAL LAB, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

THE NEW REGISTERED AGENT MUST SIGN AT THE BOTTOM OF THE FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Corporate Specialist

Letter Number: 201A00060900

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DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : PABLO DENTAL LAB INC

2. The mailing address of the corporation : 1301 PENMAN ROAD STE E

3. Date of incorporation/qualification: 6-29-99 Document number: P9000058747

4. The name and address of the current registered agent and office:

RICHARD W. HASSON
1301 PENMAN ROAD STE E
JACKSONVILLE BEACH FL 32250

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5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)

BERNARDO V. BULAN
1301 PENMAN ROAD STE E
JACKSONVILLE BEACH FL 32250

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Richard W. Hasson

(Signature of an officer, chairman or vice chairman of the board)

11-1-01

(Date)

RICHARD W. HASSON VICE PRES.

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Richard W. Hasson

(Signature of Registered Agent)

11-01-01

(Date)

If signing on behalf of an entity:

Bernardo V. Bulan

(Typed or Printed Name)

PRESIDENT

(Capacity)

*** FILING FEE: \$35.00 ***