

Pg 182

2001 UNIFORM BUSINESS REPORT (UBR)

			(
DOCUMENT # S03182 1. Entity Name					FILED			
King Dental Corporation					01 OCT -2 AN 10: 49			
Principal Place of I	Mailing Address	failing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
					;			
2. Principal Place of 1556 N. Con		3. Mailing Address 1556 N. Congress Avenue .						
Suite, Apt. #, etc.	·	26 Suite, Apt. #, etc.						
City & State 23 West Palm B	each FL	City & State West Palm Beach FL				4. FEI Number 65-0230409	Applied For Not Applicable	
Zip 24 33409	County [25] Palm Beach	Zip 33409 Pal	County m Beach			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Na	me and Address of New Registered	Agent	
			81					
Jaime Briggs 1556 N. Congress Avenue			82	Street Addre	ess (P.C	P.O. Box Number is Not Acceptable)		
West Palm Be		83						
,				•		FL		
8. The above nam	ed entity submits this statement fo	r the purpose of changi	ng its regist	ered agent, or l	both, ir	n the State of Florida	,	
SIGNATURE $\frac{1}{\text{Sign}}$	nature, typid or printed name of registered	A 114		Registered Agent		dert/Director 9/25 re required when reinstating) DATE	5/01	
9. This corporation is electible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) FILE NOW!!! FEE IS After MAY 1, 2000 Fee w Make Check Payable to Dep				be \$550.00		lection Campaign Financing Trust und Contribution	\$5.00 May be added to Fees	
11.	OFFICERS AND DIRECTORS				TIONS	CHANGES TO OFFICERS AND DIR	ECTORS IN 11	
TITLE ·	Director / President	☐ DELETE	1.1 TITL	Е			Change Addition	
NAME	Jaime Briggs 1556 N. Congress Avenue		1.2 NAM	1E				
STREET ADDRESS	West Palm Beach, FL 33409			EET ADDRESS				
CITY-ST-ZIP	3/ina Dunaldana		1.4 CITY				Clara D Addician	
TITLE	Vice President Carlos Briggs	DELETE	2.1 TTTL				Change Addition	
NAME STREET ADDRESS	1556 N. Congress Avenue West Palm Beach, FL 33409		2.2 NAM	EET ADDRESS		8000004627	15UB(
CITY-ST-ZIP	West Palm Beach, FL 33409		2.4 CITY	I		-10/08/01()1082013	
TITLE		□ DELETE	3.1 TITL	Е		****300.08	Change Addition	
NAME			3.2 NAN	1E				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		DELETE		(-ST-ZIP			Change Addition	
TITLE NAME		DEEDIE	4.1 TITL 4.2 NAM	I		Ь	Change	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			4.4 CITY	7-ST-ZIP				
TITLE		DELETE	5.1 TITL	E			Change Addition	
NAME			5.2 NAN	I				
STREET ADDRESS CITY-ST-ZIP			5.3 STR	EET ADDRESS				
TITLE		DELETE	6.1 TITL				Change Addition	
NAME		_	6.2 NAM	I			, \ \	
STREET ADDRESS CITY-ST-ZIP			6.4 CITY				ω_{-}	
13. I do 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 annual report or supplemental annual 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, or on attachment with an address. SIGNATURE SIGNATURE Jaime Briggs, President / Director 9 25 0 (561) 682-9996								
SIGNATURE JOUMA Jaime Briggs, President / Director 9250 Soll box 1170 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								



Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

ζ,

Re: King Dental Corporation

Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. \$300 check payable to Florida Department of State

It is our understanding that the state will waive the late filing fee (and reinstate the company if applicable) because we never received the Uniform Business Report that should have been mailed to us. Thank you.

Sincerely,

Name: Jaime Briggs

Title: President / Director

Date: September 25, 2001

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 10-02-01

NAME: KING DENTAL CORPORATION

TYPE OF FILING: 2001 UBR

COST: CHECK FOR \$300 ATTACHED

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

O1 OCT -2 AN IO: OO DIVISION OF CORPORATION