2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 04, 2003 8:00 am
Secretary of State

02-21-2003 90150 041 ***150.00

DOCUMENT # S29651

1. Entity Name
SCOTT'S DENTAL LAB., INC.

Principal Place of Business	Mailing Address
640 NE 124 ST MIAMI FL 33161	640 NE 124 ST MIAMI FL 33161

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0240282 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOBSON, LEE S. 13000 N BAYSHORE DR N MIAMI FL 33181	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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOBSON, LEE S. 1300 N BAYSHORE DR N MIAMI FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOBSON, IVETTE 13000 N BAYSHORE DR N MIAMI FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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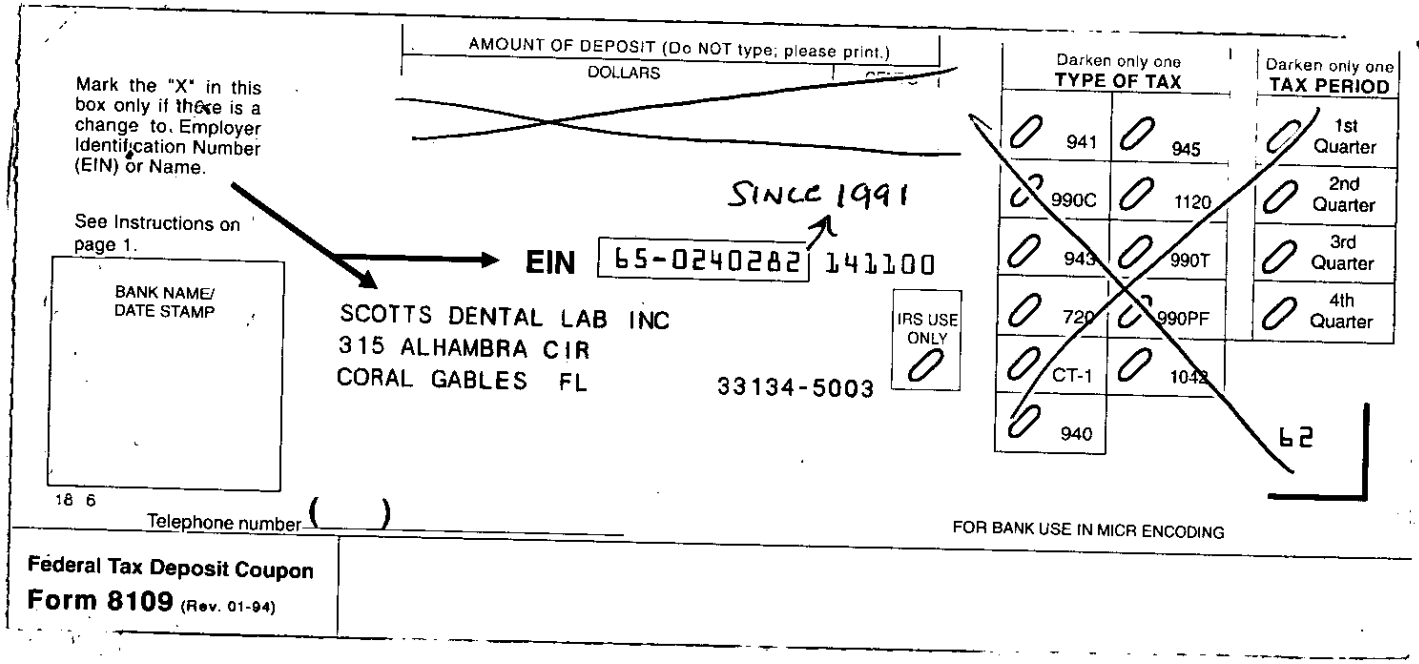
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 2/18/03 — (305) 895-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #



AMOUNT OF DEPOSIT (Do NOT type; please print.)
DOLLARS

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See Instructions on page 1.

Since 1991

EIN 65-0240282 141100

SCOTTS DENTAL LAB INC
315 ALHAMBRA CIR
CORAL GABLES FL 33134-5003

BANK NAME/ DATE STAMP

IRS USE ONLY

Darken only one TYPE OF TAX

941	945
990C	1120
943	990T
720	990PF
CT-1	1042
940	

Darken only one TAX PERIOD

- 1st Quarter
- 2nd Quarter
- 3rd Quarter
- 4th Quarter

62

18 6

Telephone number ( )

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 01-94)

Attachment SS0182443 #5 25951