

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90172 046 ***155.00

DOCUMENT # M87408
 1. Entity Name
RABON DENTAL LAB, INC.

Principal Place of Business: **3932 SAN JOSE PARK DRIVE JACKSONVILLE FL 32217**
 Mailing Address: **3932 SAN JOSE PARK DRIVE JACKSONVILLE FL 32217-4813**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number: **59-2872035** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
RABON, WILLIE R.
3932 SAN JOSE PARK DRIVE
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (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) *we do pay*

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	
TITLE: P <input type="checkbox"/> Delete	NAME: RABON, WILLIE R.
STREET ADDRESS: 3932 SAN JOSE PARK DRIVE	
CITY-ST-ZIP: JACKSONVILLE FL 32217	
TITLE: VP <input type="checkbox"/> Delete	NAME: RABON, ANN B
STREET ADDRESS: 3932 SAN JOSE PARK DRIVE	
CITY-ST-ZIP: JACKSONVILLE FL 32217	
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	
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* RECAINBER RABON **1-19-00** **904-731-1333**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)