


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P10000097468  
 1. Entity Name EZ Dent, Inc.



FILED  
 11 MAY 23 AM 9:15

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

100205447051  
 04/28/11--01045--003 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

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2. Principal Place of Business <u>5643 Clark Rd</u> Suite, Apt. #, etc.		3. Mailing Address <u>11 San Marco St.</u> Suite, Apt. #, etc. <u>#304</u>		4. FEI Number <u>27-4150082</u>	Applied For <input type="checkbox"/> Not Applicable
City & State <u>Sarasota FL</u>		City & State <u>Clearwater, FL</u>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <u>34233</u>	Country <u>US</u>	Zip <u>33767</u>	Country <u>US</u>		

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <u>Spiegel &amp; Utrera, P.A.</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>1840 Coral Way, 4th Floor</u>	
	City <u>Miami</u>	FL Zip Code <u>33145</u>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is <u>\$150.00</u> After May 1, Fee is \$550.00 Amended UBR is \$61.25 <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P - President Jonathan J. Bromboz 11 San Marco St. #304 Clearwater, FL 33767</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP - Thomas Rheinlander 4437 Bay Cedar Ln Sarasota, FL 34241</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>B S/24/11</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address with all other like empowers...

SIGNATURE: Jonathan Bromboz Date 5-17-11 Daytime Phone # 727-480-9944

CR2E034B (12/02)