

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 454738

1. Entity Name
DENT CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90098 047 ***150.00

Principal Place of Business

330 S. ORANGE AVENUE
BOX 3269
SARASOTA FL 34230
US

Mailing Address

P. O. BOX 3269
BOX 3269
SARASOTA FL 34230
US

2. Principal Place of Business

330 S. Orange Ave
Suite, Apt. #, etc.
Box 3259

3. Mailing Address

PO Box 3259
Suite, Apt. #, etc.
Box 3259

City & State
Sarasota FL 34230
Zip
34230
Country
US

City & State
Sarasota FL
Zip
34230
Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1538711

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DENT, JOHN C JR
330 S. ORANGE AVENUE
SARASOTA FL 34236

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

Signature, typed or printed name of registered agent and title if applicable

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PDT
DENT, JOHN C JR.
330 S. ORANGE AVENUE
SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MIKOS, ANDREW
9521 LEETA LN
SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
DENT, KATHY J
330 S ORANGE AVE
SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 (941) 952-1070
Date Daytime Phone

CR2E034 (10/00)