

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91165 049 \*\*\*150.00

0520158 AV

**DOCUMENT # F02000000182**

1. Entity Name  
**MICRODENTEX, INC.**



Principal Place of Business  
**1155 W. 4TH STREET #214  
RENO NV 89503**

Mailing Address  
**17222 ALICO CENTER ROAD  
#214  
FT. MYERS FL 33912**



2. Principal Place of Business

3. Mailing Address

**15750 NEW HAMPSHIRE CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**FORT MYERS FL**

4. FEI Number **APPLIED FOR**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33908**

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

**MERRY, NICHOLAS  
17222 ALICO CENTER RD #2  
FT. MYERS FL 33912**

Name

**NICHOLAS MERRY**

Street Address (P.O. Box Number is Not Acceptable)

**15981 NELSONS COURT**

City

**FORT MYERS**

**FL**

Zip Code

**33919**

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 **DSD** ☐ Delete  
NAME **MERRY, NICHOLAS**  
STREET ADDRESS **17222 ALICO CENTER RD. #2**  
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **DSD** ☒ Change ☐ Addition  
NAME **MERRY, NICHOLAS**  
STREET ADDRESS **15981 NELSONS COURT**  
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition  
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 Block 11 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**

Date

Daytime Phone #

CR2E034 (10/02)