

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91293 028 ***150.00

DOCUMENT # F99000003365	
1. Entity Name Dent Wizard International Corporation	

11023723

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6205 Peachtree Dunwoody Rd		3. Mailing Address 6205 Peachtree Dunwoody Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Attn: Corp Tax Dept - 12th Flr	
City & State Atlanta, GA		City & State Atlanta, GA	
Zip 30328	Country USA	Zip 30328	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2416024		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
City Tallahassee	FL Zip Code 32301

**DO NOT WRITE
IN THIS SPACE**

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.

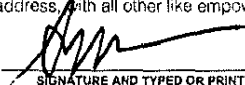
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - John Mellott 6205 Peachtree Dunwoody Rd Atlanta, GA 30328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. - Dean Eisner 6205 Peachtree Dunwoody Rd Atlanta, GA 30328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer - Richard Jacobson 6205 Peachtree Dunwoody Rd Atlanta, GA 30328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - Andrew A. Merdek 6205 Peachtree Dunwoody Rd Atlanta, GA 30328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - Jamie Porter 6205 Peachtree Dunwoody Rd Atlanta, GA 30328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - Michael Langhorne 6205 Peachtree Dunwoody Rd Atlanta, GA 30328	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 empowered.

SIGNATURE:  **Andrew A. Merdek** **4/23/03** **678-645-0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)