

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90701 042 \*\*\*150.00

**DOCUMENT # P00000032532**

1. Entity Name  
**CENTRAL FLORIDA DENT REPAIR, INC.**

Principal Place of Business

**1913 E. COOPER DRIVE  
 DELTONA FL 32725**

Mailing Address

**1913 E. COOPER DRIVE  
 DELTONA FL 32725**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3342264**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NAYLOR, DEAN E  
 1913 E. COOPER DRIVE  
 DELTONA FL 32725**

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)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NAYLOR, DEAN E 1913 E. COOPER DRIVE DELTONA FL 32725</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Re-print Taxpayer Name(s): Central Florida Dent Repair, Inc Taxpayer ID # 59-3342264

Taxpayer(s) must complete Page 1 of this Power of Attorney, or it will be returned.

P000000032532

## 6. NOTICES AND COMMUNICATIONS

Notices and other written communications will be sent to the first representative listed in Part I, section 2, unless taxpayer selects one of the options below.

- a. If you want any notices and communications sent to both you and your representative, check this box ☒
- b. If you do not want any notices or communications sent to your representative, check this box ☐
- c. If you want the second representative listed to receive such notices and communications, check this box ☐
- d. If you want the third representative listed to receive such notices and communications, check this box ☐

## 7. RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTORNEY

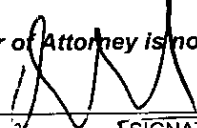
The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Florida Department of Revenue for the SAME tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check this box ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

## 8. SIGNATURE OF TAXPAYER(S)

If a tax matter concerns a joint return, BOTH husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer. Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.

If this Power of Attorney is not signed and dated, it will be returned.

 4/15/2002 President  
(SIGNATURE) DATE TITLE (If Applicable)

Dean E Naylor

PRINT NAME

\_\_\_\_\_  
SIGNATURE DATE TITLE (If Applicable)

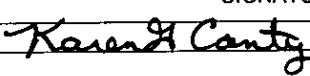
PRINT NAME

## PART II: DECLARATION OF REPRESENTATIVE

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive confidential taxpayer information;
- I am one of the following:
  - a. Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b. Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c. Enrolled Agent / Actuary - enrolled as an agent or actuary under the requirements of Treasury Department Circular No. 230. (Attach evidence of enrolled status.)
  - d. Law student who is certified pursuant to Chapter 11 of the Rules Regulating the Florida Bar.
  - e. Former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had direct involvement while I was a public employee.
  - f. Other Qualified representative. (Note: Representatives qualifying under this subsection must comply with Rules 12-6.005 and 28-106.106, Florida Administrative Code.);
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will be returned.

DESIGNATION - INSERT ABOVE LETTER (a - f)	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE
f			4/15/2002

ATTACHMENT

ATX1  
DR-835  
R. 01/00

FLORIDA

**POWER OF ATTORNEY  
and Declaration of Representative**DEPARTMENT  
OF REVENUE865808  
P00000032532**PART 1 - POWER OF ATTORNEY****1. TAXPAYER INFORMATION** (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print)  Central Florida Dent Repair, Inc 1913 E Cooper Dr  Deltona , FL 32725	TAXPAYER IDENTIFICATION NO(S). (SSN, FEIN, etc.) 59-3342264	FLORIDA TAX REGISTRATION NUMBER
		DAYTIME TELEPHONE NUMBER (   )

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2. REPRESENTATIVE(S)** (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print)  Karen G Canty PO Box 390363 Deltona, FL 32739	TELEPHONE NUMBER (386) 532-2026  FAX NUMBER (386) 532-2026
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER (   )  FAX NUMBER (   )
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER (   )  FAX NUMBER (   )

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

**3. TAX MATTERS**

TYPE OF TAX (Corporate, Sales, Intangible, etc.)	TAX FORM NUMBER (F-1120, DR-15, DR-601, etc.)	YEAR(S) / PERIOD(S) / MATTER(S)
Employment	UCT-6	2001,2002,2003
Corporate	Uniform Business Report	2001,2002,2003

**4. ACTS AUTHORIZED**

The representative(s) are authorized to receive and inspect confidential tax information and to perform ANY AND ALL ACTS that I (we) can perform with respect to the tax matters described in section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY

**5. RECEIPT OF REFUND**

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here \_\_\_\_\_ and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS: na