## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P00000043686

1. Entity Name

FIRST IMPRESSION DENTAL, INCORPORATED



FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90134 036 \*\*\*150.00

Principal Place of Business 145 EVERGREEN CLEARWATER FL 33756				Mailing Address 145 EVERGREEN CLEARWATER FL 33756							
2. Principal i	Place of Busir	3. Mailing Address						<b>                                    </b>			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & Star	te	City & State				4.	FEI Number <b>59-36501</b>	75	<u> </u>	plied For ot Applicable	
Zip	Country			Zip Coun				. Certificate of Status Desire		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent							7.	Name and Address of Ne	w Registered	Agent	
						Name		•			
BOYCE, J			<u> </u>			Street Address (P.O. Box Number is Not Acceptable)					
145 EVER								· · · · · · · · · · · · · · · · · · ·			
CLEARWATER FL 33756											
						City			FL	Zip Cod	e
	e named entity tions of regist		r the purpos	se of changing its	registere	ed office or reg	gistered a	agent, or both, in the State o	f Florida. I am	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applic	able. (NOTE	: Registere	d Agent signature re	equired when	reinstating)	DATE		<del></del> _
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 Campaigr Trust Fund Contrib	٠.		May Be I to Fees
10.		OFFICERS AND	<del></del> _		11.		Α	ADDITIONS/CHANGES TO (	DEFICERS AND	DIRECTORS	3 IN 11
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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

1-24-03

727-442-4794

Daytime Phone #