


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90120 049 \*\*\*150.00

<b>DOCUMENT #</b> P01000059220	
<b>1. Entity Name</b> DENT FREE, INC.	

<b>Principal Place of Business</b> 1732 HAMLET LANE N. NEPTUNE BEACH FL 32266	<b>Mailing Address</b> 1732 HAMLET LANE N. NEPTUNE BEACH FL 32266
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<b>2. Principal Place of Business</b> 1732 Hamlet Ln. N. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1732 Hamlet Ln. N. Suite, Apt. #, etc.
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<b>City &amp; State</b> Neptune Beach, FL <b>Zip</b> 32266 <b>Country</b>	<b>City &amp; State</b> Neptune Beach, FL <b>Zip</b> 32266 <b>Country</b>
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<b>4. FEI Number</b> 59-3722852	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> COUSSENS, LORI D 1403 E. LAMANTO AVE. JACKSONVILLE FL 32211
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<b>7. Name and Address of New Registered Agent</b> <b>Name</b> W. Dane Coussens <b>Street Address (P.O. Box Number is Not Acceptable)</b> 1732 Hamlet Lane North <b>City</b> Neptune Beach <b>FL</b> <b>Zip Code</b> 32266
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<b>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.</b>	
<b>SIGNATURE</b> W. Dane Coussens <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>DATE</b> 3-30-03 <small>(NOTE: Registered Agent signature required when reinstating)</small>

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PTD <b>NAME</b> COUSSENS, LORI D <b>STREET ADDRESS</b> 1403 E. LAMANTO AVE. <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32211	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> VSD <b>NAME</b> COUSSENS, W. DANE <b>STREET ADDRESS</b> 1403 E. LAMANTO AVE. <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PTD <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VSD <b>NAME</b> Joel M. Weatherholtz <b>STREET ADDRESS</b> 379 W. Misty Hollow Drive <b>CITY-ST-ZIP</b> Jacksonville, FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

<b>SIGNATURE:</b> W. Dane Coussens <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>DATE</b> 3-30-03	<b>DAYTIME PHONE #</b> 904-838-8275
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CR2E034 (10/02)