FILED
Jul 11, 2002 8:00 am
Secretary of State
07-11-2002 90243 012 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P010000 78582

1. Entity Name
PROFESSIONAL DENT

DO NOT WRITE IN THIS SPACE

[redacted] B01286B9

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1961 Beckett Lake Dr	1961 Beckett Lake Dr
Suite Apt #, etc.	Suite, Apt. #, etc.
City & State: Clearwater FL	City & State: Clearwater FL
Zip: 33763 Country: US	Zip: 33763 Country: US

4. FEI Number: 59-3738032 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOHN D Carpenter
Street Address (P.O. Box Number is Not Acceptable): 1961 Beckett Lake Dr
City: Clearwater FL Zip Code: 33763

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE D NAME John D Carpenter STREET ADDRESS 1961 Beckett Lake Dr CITY-ST-ZIP Clearwater FL 33763	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 12 above, with an address, with an asterisk, or attached with an asterisk.

SIGNATURE: X _____ DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR