

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90137 002 ***150.00

0045384

DOCUMENT # P93000049950

1. Entity Name
DENT CRAFT, INC.

Principal Place of Business
% MORT SELIGMAN
525 VIA VERONA. #202
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
% MORT SELIGMAN
525 VIA VERONA. #202
ALTAMONTE SPRINGS FL 32714
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
% MORT SELIGMAN
Suite, Apt. #, etc.
316 E. MAINE ST
City & State
LONGWOOD FL

3. Mailing Address
MORT SELIGMAN
Suite, Apt. #, etc.
316 E. MAINE ST
City & State
LONGWOOD FL

Zip
32750

Country

Zip
32750

Country

4. FEI Number **59-3195065**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELIGMAN, MORT
525 VIA VERONA
#202
ALTAMONTE SPGS FL 32714

7. Name and Address of New Registered Agent

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 **4/15/01**

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, 2001 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

TITLE **P** ☐ Delete
NAME **SELIGMAN, MORTAN J**
STREET ADDRESS **525 VIA VERNONA #202**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: **MORT SELIGMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01 **407 923 3368**
Date Daytime Phone #

CR2E034 (10/00)