FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

P93000049950

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 28 PM 1:56

DOCUMENT # P93000049950

1. Entity Name DENT CRAFT, INC

DO NOT WRITE IN THIS SPACE

900016209713
04/17/03--01039--003 **150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
356 WEKIVA PARK DR	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD FL	City & State
Zip: 32771 Country: USA	Zip: 32771 Country

4. FEI Number: 59-3195565 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: MORT SELIGMAN

Street Address (P.O. Box Number is Not Acceptable): 356 WEKIVA PARK DR

City: SANFORD FL Zip Code: 32771

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.

SIGNATURE: [signature] DATE: 4/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	MORT SELIGMAN
STREET ADDRESS	356 WEKIVA PARK DR
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/9/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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