

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91203 049 \*\*\*150.00

**DOCUMENT # P96000041141**

**1. Entity Name**  
**DENTIST THE MENACE CORP.**



**Principal Place of Business**  
**2725 N.E. 25TH PLACE**  
**FT. LAUDERDALE FL 33305**

**Mailing Address**  
**2725 N.E. 25TH PLACE**  
**FT. LAUDERDALE FL 33305**

**2. Principal Place of Business**

**3. Mailing Address**

**901 SOUTH FEDERAL Hwy**  
**SUITE 301**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**FT LAUDERDALE FLA**

Zip

Country

Zip **33316**

Country **USA**

**4. FEI Number** **65-0672431**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MOORE, KEITH E**  
**2725 N.E. 25TH PLACE**  
**FT. LAUDERDALE FL 33305**

Name **KEITH MOORE**  
Street Address (P.O. Box Number is Not Acceptable)  
**901 SOUTH FEDERAL Hwy #301**  
City **FT LAUDERDALE FL** Zip Code **33316**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-17-03**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>VTM</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, KEITH E</b>	
STREET ADDRESS	<b>2725 NE 25 PLACE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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** **KEITH MOORE** **4-17-03** **954 7681981**

Date

Daytime Phone #

CR2E034 (10/02)