

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA7000003700**

1. Entity Name

Dent Away USA Inc

Principal Place of Business

Mailing Address

**2560 SW 14 ST
Boynton Beach FL
33426**

2. Principal Place of Business

Home

3. Mailing Address

2560 SW 14 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach FL

Zip

Country

City & State

Boynton Beach FL

Zip

Country

33426 Palm Beach

4. FEI Number

65-0718957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **Pres**
STREET ADDRESS **Dent Away USA Inc / Jeffery Lukas**
CITY-ST-ZIP **2560 SW 14 ST
Boynton Beach FL 33426**

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

TITLE ☐ Delete
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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:

Jeffery Lukas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-00 561-364-9948

CR2E034 (9/99)

B0027736

DO NOT WRITE IN THIS SPACE