
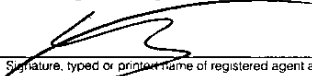
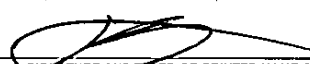


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> <u>997000087014</u>				05 MAY 19 AM 9:34 ACCEPTEE STATE FLORIDA	
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">1. Entity Name <u>Apex Dent Removal, Inc.</u></div><div style="width: 10%;"></div><div style="width: 45%; text-align: center;">DO NOT WRITE IN THIS SPACE</div></div>					
2. Principal Place of Business <u>Apex Dent Removal Inc.</u>		3. Mailing Address			
Suite, Apt. #, etc. <u>1755 9th St.</u>		Suite, Apt. #, etc.			
City & State <u>Palm Harbor FL</u>		City & State		4. FEI Number <u>59-3481030</u>	
Zip <u>34683</u>		Country <u>Pineilles</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent	
				Name <u>Paul Danley</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>1755 9th St</u>	
				City <u>Palm Harbor</u> FL Zip Code <u>34683</u>	
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 				DATE <u>5-10-05</u>	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<u>President/owner</u> <u>Paul M. Danley</u> <u>1755 9th St.</u> <u>Palm Harbor FL 34683</u>		<u>900055569739</u> <u>06/01/05--01024--007 **150.00</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
		<b>DO NOT WRITE IN THIS SPACE</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

CR2E034B (12/02)