

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90181 045 ***150.00

00025756

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000003339

1. Entity Name
DENT CONTROL

Principal Place of Business
117 NATURES WAY
PONTE VEDRA BCH. FL 32082

Mailing Address
117 NATURES WAY
PONTE VEDRA BCH,
FL 32082

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
4110 Southpoint Blvd
 Suite, Apt. #, etc. 205

City & State
JACKSONVILLE, FL

4. FEI Number
59-3486088

Applied For
 Not Applicable

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

Zip 32216 Country

6. Name and Address of Current Registered Agent
RICHARD CAMP, C.P.A.
4110 Southpoint Blvd # 205
JACKSONVILLE, FL 32216

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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>AST-D</u> <u>EMERSON LEANNA D</u> <u>117 NATURES WAY</u> <u>PONTE VEDRA BEACH, FL 32082</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Leanna Emerson Leanna Emerson 2/17/00 904/280-8287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)