

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90037 023 ***150.00

DOCUMENT # P99000010965

1. Entity Name

CUSTOM DENTAL APPLICATIONS, INC.

Principal Place of Business

Mailing Address

U.S. HIGHWAY 41 BY-PASS SOUTH
 SUITE 212
 FL 34293-1032

1532 U.S. HIGHWAY 41 BY-PASS SOUTH
 SUITE 212
 VENICE FL 34293

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0884607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RHODUS, SHAWN
1532 U.S. HIGHWAY 41 BY-PASS SOUTH
SUITE 212
VENICE FL 34293-1032

7. Name and Address of New Registered Agent

Name **RHODUS, SHAWN**

Street Address (P.O. Box Number is Not Acceptable)

461 RAMSEY RD

City **VENICE,**

FL

Zip Code **34292**

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)

1/18/00

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RHODUS, SHAWN 1532 U.S. HWY 41 BY-PASS S., SUITE 212 VENICE FL 34293-1032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/T/S/D/C/M RHODUS, SHAWN 461 RAMSEY RD VENICE, FL 34292 <input checked="" 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: SHAWN RHODUS, PRESIDENT 1/18/00 941-915-4633

CR2E034 (9/99)