

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90136 011 ***150.00

DOCUMENT # P99000010965

1. Entity Name

CUSTOM DENTAL APPLICATIONS, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

**463 US 91 Bypass S
 B**

3. Mailing Address

66675 OLD RANCH RD

City & State

VENICE, FL

City & State

SARASOTA, FL

4. FEI Number

65-0884607

Applied For

Not Applicable

Zip

34292

Country

USA

Zip

34241

Country

USA

5. Certificate of Status Desired

☐

\$8.75

Additional

Fee Required

6. Name and Address of Current Registered Agent

**RHODUS, SHAWN
 461 RAMSEY RD
 VENICE FL 34292**

7. Name and Address of New Registered Agent

Name

SHAWN RHODUS

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

6675 OLD RANCH RD

City

SARASOTA

FL

Zip Code

34241

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.

SHAWN RHODUS

(NOTE: Registered Agent signature required when reinstating)

1-15-02

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, 2002 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

TITLE **PVTS** ☐ Delete
 NAME **RHODUS, SHAWN**
 STREET ADDRESS **461 RAMSEY RD**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **DCM** ☐ Delete
 NAME **RHODUS, SHAWN**
 STREET ADDRESS **461 RAMSEY RD**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 941-915-4633

Date

Daytime Phone #

CR2E034 (9/01)