2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022658

1. Entity Name

DENT KING OF SOUTH FLORIDA, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90016 036 ***150.00

Principal Place of Business	Mailing Address
4790 N. CITATION DR., #102 DELRAY BEACH FL 33445	4790 N. CITATION DR., #102 DELRAY BEACH FL 33445-6535

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
207 Tropic Isle Dr.	207 Tropic Isle Dr.
Suite, Apt. #, etc. #207	Suite, Apt. #, etc. #207
City & State Delray Beach, FL.	City & State Delray Beach, FL.
Zip 33483 Country U.S.A.	Zip 33483 Country U.S.A.

4. FEI Number 65-0921227 ☐ 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
KURLOWSKI, KEVIN 4790 N. CITATION DR., #102 DELRAY BEACH FL 33445	Name Kevin J. Kurlowski Street Address (P.O. Box Number is Not Acceptable) 207 Tropic Isle Dr. #207 City Delray Beach, FL Zip Code 33483

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] 4/3/00
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 President NAME Kevin J. Kurlowski STREET ADDRESS 207 Tropic Isle Dr. #207 CITY-ST-ZIP Delray Beach, FL. 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] 4/3/00 561 243 3685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #