

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

08-28-2002 90037 035 ****61.25
FILED 9000026717
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P99000026717

1. Entity Name

PRO IMAGE PAINLESS DENT REMOVAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

931 N. SR 434

3. Mailing Address

931 N. SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1201 PMB 181

SUITE 1201 PMB 181

City & State

City & State

ALTAMONTE SPRINGS, FL

ALTAMONTE SPRINGS, FL

Zip

Country

Zip

Country

32714

USA

32714

USA

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4. FEI Number

59-3569833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES BAIN

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

931 N. SR 434, SUITE 1201, PMB 181

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

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IN THIS SPACE**

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

James L. Bain

JAMES BAIN

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 DIRECTOR + PRESIDENT
NAME JAMES BAIN
STREET ADDRESS 931 N. SR 434, SUITE 1201, PMB 181
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

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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 on an attachment with an address, with all other information required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)