

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000089559

Entity Name: DENT BUSTERS NORTH, INC.

Current Principal Place of Business:

309 CROSSWINDS DR
PALM HARBOR, FL 34683

Current Mailing Address:

P.O. BOX 14524
CLEARWATER, FL 33776 US

FEI Number: 59-3409064

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOVELACE, WILLIAM KESQ
401 S LINCOLN
CLEARWATER, FL 33756 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ALLEN, ALAN LPRES
Address P.O. BOX 14524
City-State-Zip: CLEARWATER FL 33776

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALAN L ALLEN

P

07/05/2017

Electronic Signature of Signing Officer/Director Detail

Date