## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 06, 2001 8:00 am **DOCUMENT # 381523 Secretary of State** DENTON FRENCH & DANIEL, INC. 02-06-2001 90045 043 \*\*\*150.00 Principal Place of Business Mailing Address 3817 W HUMPHREY AVE #202 3817 W HUMPHREY AVE #202 TAMPA FL 33614 TAMPA FL 33614 011557 2. Principal Place of Business 3. Mailing Address lo\_Apt\_#, etc. - ~ ~ ~ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -----City & State City & State 4. FEI Number Applied For 59-1352442 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DENTON, ROBERT H Street Address (P.O. Box Number is Not Acceptable) 3817 W HUMPHREY AVE #202 TAMPA FLORIDA FL 33614 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **DST** TITLE ☐ Delete TITLE Change ☐ Addition DENTON, ROBERT H. NAME NAME STREET ADDRESS 3817 W. HUMPHREY AVE. #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33614 ☐ Celete TITLE TITLE Change ☐ Addition ·DANIEL; CLAY W -NAME NAME STREET ADDRESS STREET ADDRESS 3817 W HUMPHREY AVE #202 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** Vice President Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME Robert H. Denton, Jr., STREET ADDRESS STREET ADDRESS 3817 W. Humphrey St. #202 CITY-ST-ZIP CITY-ST-ZIP <u> Tampa FL 33614</u> TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR