## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## 381523 **DOCUMENT #**

1. Entity Name

SIGNATURE:

DENTON ADVERTISING, INC.



**FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90404 018 \*\*\*150.00

Daytime Phone #

Principal Place of Business 3817 W HUMPHREY AVE #202 TAMPA FL 33614			Mailing Address 3817 W HUMPHREY AVE #202 TAMPA FL 33614										
2. Principal Place of Business			3. Mailing Address					<u> </u>	<b></b>	<b>  </b>	)  <b>4</b>    <b>0</b>      1 <b>  0</b>		
Suite, Apt. #	t, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State					4. FEI N	<sup>Jumber</sup> <b>59-1352442</b>	) 		olied For Applicable	
Zip		Country	Zip Coui			ry					Fee Required		
	- 6≃Name	and Address of Current	Registere	d'Agent				-7. Name	e and Address of New I	Registered Ag	jent		
D. Hume and Addison of Gardine													
DENTON, F	-		Str			Street Ac	street Address (P.O. Box Number is Not Acceptable)						
3817 W HL	JMPHREY .	AVE #202											
TAMPA FLO	ORIDA FL:	33614											
		·				City				FL	Zip Code		
signature _  Fi After	Signature, typed  LE NOW!!  May 1, 200	or printed name of registered agent FEE IS \$150.00 Gree will be \$550.00	and title if app			d Agent signatu		when reinstat		2/7/c	<u>。 \$5.0</u>	<b>0</b> May Be to Fees	
Make Check Payable to Florida Department of								ADDIT	IONS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
_10.		OFFICERS AND				-	PA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del></del>	<b>✓</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Robert H. Humphrey Ave. #202 L 33614		Delete	NAM STRE				H.DENTO HUMPHREY FL 33614	ST. 2	202		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIEL, 0 3817 W H TAMPA FI	IUMPHREY AVE #202	~~~			E IE EET ADDRESS '- ST-ZIP			,		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENTON,	ROBERT H JR HUMPHREY ST. #202	-	☐ Delete			رجيدا	ST NTOA 17W.	NOBERT HUMPH RUPA, FL 336	H SR 14 ST. 14			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Delete	CIT	ME Beet address Y-ST-ZIP					☐ Change	☐ Addition	
12. I hereby of the core	l on this repo	ne information supplied wit ort or supplemental report the receiver or trustee emp tachment with an andress,	is true and cowered to with all of	execute this repor	rt as requ	emption sta ature shall h iired by Cha	ited in S nave the apter 60	ection 119 same leg 07, Florida	9.07(3)(i), Florida Statute all effect as if made unde Statutes; and that my na	s. I further cer er oath; that I a ime appears in	tify that the i im an officer i Block 10 o	nformation or director r Block 11 if	