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

## DOCUMENT # P98000105614

1. Entity Name

## **DENOVA CORPORATION**



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90227 026 \*\*\*150.00

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Add Fee Require  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  DENOVA, PROSPERO  15460 STATE RD 80  ALVA FL 33920  City FL Zip Cod  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. I am familiar with, the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing \$5.00	oplied For ot Applicable ditional d
2. Principal Place of Business  3. Mailing Address  4. FEI Number 65-0881225  Zip Country Zip Country  5. Certificate of Status Desired \$8.75 Age Require  6. Name and Address of Current Registered Agent  DENOVA, PROSPERO  15460 STATE RD 80  ALVA FL 33920  City FL Zip Cod  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. I am familiar with, the obligations of registered agent.  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00	oplied For ot Applicable ditional d
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired  For Require  6. Name and Address of Current Registered Agent  Name  DENOVA, PROSPERO  15460 STATE RD 80  ALVA FL 33920  City  FL  Zip Cod  City  FL  Zip Cod  City  FL  Zip Cod  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cod  Street Address (P.O. Box Number is Not Acceptable)  FL  Zip Cod  S. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, the obligations of registered agent.  Signature, typed or pinted name of registered and title if applicable.  NOTE: Registered Agent signature required when reinstating)  OATE  Signature, typed or pinted name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  OATE  Signature, Typed or pinted name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing  \$5.0	oplied For ot Applicable ditional d
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	May Be I to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	3 IN 11
TITLE D Delete   TITLE Change	☐ Addition
NAME DENOVA, PROSPERO NAME	
STREET ADDRESS 3642 WAASHINGTON STREET ADDRESS	ļ
CITY-ST-ZIP FT. MYERS FL 33916 CITY-ST-ZIP	
TITLE V Delete TITLE Change	☐ Addition
NAME STIMES, KENNETH V STREET ADDRESS 323 ROCKLEDGE RD NAME STREET ADDRESS	
CITY-ST-ZIP FORT MYERS FL 33905	
TITLE Delete TITLE Change	☐ Addition
NAME NAME	LI Addition
STREET ADDRESS STREET ADDRESS	
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CITY-ST-ZIP         CITY-ST-ZIP           TITLE         TITLE         TITLE         Change           NAME         NAME         NAME         CITY-ST-ZIP	Addition
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CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change           NAME         NAME         STREET ADDRESS         CITY-ST-ZIP           CITY-ST-ZIP         Delete         TITLE         Change	☐ Addition
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CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change           NAME         NAME         STREET ADDRESS         CITY-ST-ZIP           CITY-ST-ZIP         Delete         TITLE         Change	

2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03 2818570

Daytime Phone #