

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90035 036 \*\*\*150.00

0246548

**DOCUMENT # J78590**

1. Entity Name  
**JAMES B. DENMAN, A PROFESSIONAL ASSOCIATION**

Principal Place of Business <b>2400 E COMMERCIAL BLVD          SUITE 208          FT LAUDERDALE FL 33308          US</b>	Mailing Address <b>% JAMES B. DENMAN          2400 E COMMERCIAL BLVD SUITE 208          FT LAUDERDALE FL 33308          US</b>
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**C0040415**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0154952</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DENMAN, JAMES B.  
 2400 E COMMERCIAL BLVD  
 SUITE 208  
 FT LAUDERDALE FL 33308**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 DATE **3-31-2001**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<b>D</b> <b>DENMAN, JAMES B.</b>		
STREET ADDRESS	<b>2400 E COMMERCIAL BLVD SUITE 208</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **3-31-2001** (954) 938-9777

CR2E034 (10/00)