

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90190 002 \*\*\*150.00

**DOCUMENT # 394579**

1. Entity Name  
**DENSURMARK, INC.**

Principal Place of Business  
**15730 CEDAR GROVE LN  
 WELLINGTON FL 33414  
 US**

Mailing Address  
**15730 CEDAR GROVE LN  
 WELLINGTON FL 33414  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**15875 Britten Lane**  
 Suite, Apt. #, etc.

3. Mailing Address  
**15875 Britten Lane**  
 Suite, Apt. #, etc.

City & State  
**Wellington, FL**  
 Zip  
**33414**  
 Country  
**USA**

City & State  
**Wellington, FL**  
 Zip  
**33414**  
 Country  
**USA**

4. FEI Number **59-1375585**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAFFE, DENNIS J  
 15730 CEDAR GROVE LANE  
 WELLINGTON FL 33414**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**15875 Britten Lane**  
 City  
**Wellington** FL Zip Code  
**33414**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>JAFFE, DENNIS J</b>	
STREET ADDRESS	<b>15730 CEDAR GROVE LANE</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>JAFFE, ILONA T</b>	
STREET ADDRESS	<b>15730 CEDAR GROVE LANE</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>15875 Britten Lane</b>	
CITY-ST-ZIP	<b>Wellington, FL 33414</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>15875 Britten Lane</b>	
CITY-ST-ZIP	<b>Wellington, FL 33414</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Dennis Jaffe*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

561-792-7498

Date

Daytime Phone #

CR2E034 (9/01)