## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # H69623** DENDAR ENTERPRISES, INC. 01-18-2000 90141 043 \*\*\*150.00 Mailing Address Principal Place of Business 8001-13TH AVE SOUTH 8001-13TH AVE S. ST. PETERSBURG FL 33707-2710 ST. PETERSBURG FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2592436 Not Applicable **\$8.75** Additional Fee Required Country \_Zip\_ \_\_ \_ Zip 5.-Certificate of Status Desired --- ---7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOMAS, DARLENE Street Address (P.O. Box Number is Not Acceptable) 8001 13TH AVE S ST. PETERSBURG FL 33707 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 Signature, typed or printed name of registered agent and title if applicable (NQTE: 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition **PSD** ☐ Delete TITLE TITLE THOMAS, DARLENE NAME NAME STREET ADDRESS STREET ADDRESS 8001-13TH AVE CITY-ST-ZIP City-St-7IP ST. PETERSBURG FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP ---CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST. ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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changed, or on an attachment with an ad