CR2E034 (9/01)

☐ Addition

☐ Addition

## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 23, 2002 8:00 am Secretary of State DOCUMENT # H78086 1. Entity Name DENVER DEBRON SECURITIES, INC. 01-23-2002 90060 013 \*\*\*158.75 Principal Place of Business Mailing Address ONE CASTLE HARBOR ISLE ONE CASTLE HARBOR ISLE FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address E. ATLANTIC BLD 12/3 ATLANTIC BLD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SU175 2 SU178 City & State City & State 4. FEI Number Applied For NOT APPLICABLE B TH CH Not Applicable OMPANO OMPANO Country \$8.75 Additional Zip 5. Certificate of Status Desired U 5 11 33062 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROGER BONNING DUNNING, ROGER-----Street Address (P.O. Box Number is Not Acceptable) 1 CASTLE HARBOUR ISLE EZ ACCOUNTING FT. LAUDERDALE FL 33308 ATLANTIC Zip Code 33662 POMPANO BEACH 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. title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May, Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees . Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change ☐ Addition TITLE TITLE □ Delete NAME **DUNNING, ROGER** NAME STREET ADDRESS ONE CASTLE HARBOR ISLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition ☐ Delete ☐ Change TITLE VΡ TITLE NAME **DUNNING, URSULA** NAME STREET ADDRESS STREET ADDRESS ONE CASTLE HARBOR ISLE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 ar

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

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Change

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