

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90355 031 ***150.00

0612821

DOCUMENT # J45440

1. Entity Name
DENTON PROPERTY, INC.

Principal Place of Business
~~1822 ESPANOLA DR~~
~~ORLANDO FL 32804~~
 US

Mailing Address
 249 HAZELTINE DR
 DEBARY FL 32713
 US

301020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
249 HAZELTINE DR

3. Mailing Address
249 HAZELTINE DR.

Suite, Apt. #, etc.

City & State
DE BARY FL

City & State
DE BARY FL

Zip
32713

Country
FLORIDA

Zip
32713

Country
FLORIDA

4. FEI Number **59-2745170**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DENTON, JACQUELINE J.
249 HAZELTINE DR
DEBARY FL 32713

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 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			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	DENTON, JACQUELINE J.	249 HAZELTINE DR DEBARY FL 32713	<input type="checkbox"/> Delete			
	STD	DENTON, ROBERT J	249 HAZELTINE DR DEBARY FL 32713	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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: Jacqueline J. Denton 3-11-01 407-668-7795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JACQUELINE J. DENTON

CR2E034 (10/00)