2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004916

1. Entity Name

DENSON COMPANY, L.L.C.
401 PAPAYA STREET
PO BOX 157
GOODLAND, FL 34140

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 20 AM 9:13

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Skeeters Old Marco Lodge			
Suite, Apt. #, etc. 401 Papaya St		Suite, Apt. #, etc.	
City & State Goodland, Fl		City & State	
Zip 34140	Country Collier	Zip	Country

4. FEI Number 31-1660213 ☐ 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
Leon Montgomery	Name
401 Papaya St.	Street Address (P.O. Box Number is Not Acceptable)
Goodland Florida 34140	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 X Michelle Balante — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1/30/01

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, 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 MGR NAME Dennis C. Balante STREET ADDRESS 10555 Prouty Rd CITY-ST-ZIP Concord, Ohio 44077	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGR NAME Tracy Balante STREET ADDRESS 10555 Prouty Rd CITY-ST-ZIP Concord, Ohio 44077	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200003962182--0 --04/06/01--01034--002 *****50.00 *****50.00
TITLE MGR NAME Dennis S. Balante STREET ADDRESS 401 Papaya Street CITY-ST-ZIP Goodland, Florida 34140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X Michelle Balante — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — X 1/30/01 Date — Daytime Phone #

CR2E034 (10/00)