

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90046 033 ***150.00

DOCUMENT # M88279

1. Entity Name

DENNISON & DENNISON, P.A.

Principal Place of Business

15700 NW 67TH AVENUE
 SUITE 200
 MIAMI LAKES FL 33014
 US

Mailing Address

15700 NW 67TH AVENUE
 SUITE 200
 MIAMI LAKES FL 33014
 US

2. Principal Place of Business

1580 Sawgrass Corp. Pkwy
 Suite, Apt. #, etc.

Suite # 130

Sunrise, FL

Zip

33323

Country

USA

3. Mailing Address

1580 Sawgrass Corp. Pkwy
 Suite, Apt. #, etc.

Suite # 130

Sunrise, FL

Zip

33323

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0066991**

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

DENNISON, JOHN
15700 NW 67TH AVENUE
SUITE 200
MIAMI LAKES FL 33014

Name **John Dennison**

Street Address (P.O. Box Number is Not Acceptable)
1580 SAWGRASS CORP. PKWY

Suite 130

City **SUNRISE**

FL

Zip Code **33323**

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 **John Dennison**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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, 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 **DS** ☐ Delete
 NAME **DENNISON, JOHN**
 STREET ADDRESS **15700 NW 67 AVENUE, SUITE 200**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **JOHN DENNISON PTSD** ☒ Change ☐ Addition
 NAME **JOHN DENNISON PTSD**
 STREET ADDRESS **1580 SAWGRASS CORPORATE PARKWAY**
 CITY-ST-ZIP **SUITE 130 SUNRISE, FL 33323**

TITLE **TP** ☐ Delete
 NAME **DENNISON, JOHN**
 STREET ADDRESS **15700 NW 67TH AVENUE, SUITE 200**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **DENNISON, LAURA RIPOLL**
 STREET ADDRESS **15700 NW 67TH AVENUE, SUITE 200**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **LAURA RIPOLL DENNISON VP** ☒ Change ☐ Addition
 NAME **LAURA RIPOLL DENNISON VP**
 STREET ADDRESS **1580 SAWGRASS CORP. PKWY - Ste 130**
 CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **John Dennison**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/01

Daytime Phone #

954 343 7111

CR2E034 (10/00)