

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90224 002 \*\*\*150.00

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**DOCUMENT # M88279**

**1. Entity Name**  
**DENNISON & DENNISON, P.A.**



**Principal Place of Business**  
1580 SAWGRASS CORP PRWY  
SUITE 130  
SUNRISE FL 33323  
US

**Mailing Address**  
1580 SAWGRASS CORP PRWY  
SUITE 130  
SUNRISE FL 33323  
US



**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
City & State

**Zip**  
Country

**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**  
DENNISON, JOHN  
1580 SAWGRASS CORP PKWY  
SUITE 130  
SUNRISE FL 33323

**7. Name and Address of New Registered Agent**  
Name: LAURA RIPOLL DENNISON  
Street Address (P.O. Box Number is Not Acceptable): 1580 SAWGRASS CORP. PKWY #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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Laura Ripoll* **DATE** 4/11/03  
Signature based on current name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DENNISON, JOHN 1580 SAWGRASS CORP PKWY, STE 130 SUNRISE FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN DENNISON 1580 SAWGRASS CORP. PKWY #130 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENNISON, LAURA RIPOLL 1580 SAWGRASS CORP PKWY, STE 130 SUNRISE FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LAURA RIPOLL DENNISON 1580 SAWGRASS CORP. PKWY #130 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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**12. 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 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.**

**SIGNATURE:**

*Laura Ripoll*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
LAURA RIPOLL DENNISON

4/11/03 954-343-7111  
**Date** **Daytime Phone #**

CR2E034 (10/02)