

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043912

1. Entity Name
DE + DEBRA, INCORPORATED

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90003 002 ***550.00

AV 6980010

Principal Place of Business
16201 PINE RIDGE DR.
HUDSON FL 34667

Mailing Address
16201 PINE RIDGE DR.
HUDSON FL 34667

2. Principal Place of Business
10521 SPRING HILL DRIVE
Suite, Apt. #, etc.

3. Mailing Address
10521 SPRING HILL DRIVE
Suite, Apt. #, etc.

City & State
SPRING HILL, FL
Zip
34608
Country
USA

City & State
SPRING HILL, FL
Zip
34608
Country
USA

4. FEI Number
59-3638107
Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOLFE, DENISE
16201 PINE RIDGE DR.
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name
DEBORAH ARGENTO
Street Address (P.O. Box Number is Not Acceptable)
205 OAK LAKE DRIVE
City
SPRING HILL FL Zip Code
34608

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 *Deborah Argento* DEBORAH ARGENTO, PRESIDENT X Sept 9, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

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|--|---------------------------------|
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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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: *Deborah Argento* DEBORAH ARGENTO X Sept 9, 2001 X 312 666 0870
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (5/01)