

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90044 049 \*\*\*150.00

DOCUMENT # P00000057988

1. Entity Name

Dengan Solutions, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

13930 Oak Ridge Dr.

Suite, Apt. #, etc.

3. Mailing Address

13930 Oak Ridge Dr.

Suite, Apt. #, etc.

City & State

Davie

FL

City & State

Davie

FL

4. FEI Number

65-1013140

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

33325

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Graesch, Patrick J. Jr.

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

13930 Oak Ridge Dr.

City

Davie

FL

Zip Code

33325

**DO NOT WRITE  
IN THIS SPACE**

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

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

(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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Graesch, Patrick J. Jr. 13930 Oak Ridge Dr. Davie, FL 33325
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick J. Graesch Jr.  
President

Date

Daytime Phone #

4/26/02 954.529.7945

CR2E034B (12/01)