

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

FILED
May 22, 2003 8:00 am
Secretary of State

04-28-2003 91510 028 ***150.00

DOCUMENT # **P 00000057988**

1. Entity Name

Dengan Solutions, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13930 Oak Ridge Dr.

3. Mailing Address

13930 Oak Ridge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunee, FL

City & State

Dunee, 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

7. Name and Address of Current Registered Agent

Name **PATRICK GRAESCH**

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

13930 OAK RIDGE DR

City **DAVIE**

FL

Zip Code

33325

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

5/20/03

DATE

January 1 - May 1: Fee is \$150.00

After, May 1: Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PP
Graesch, Patrick J. Jr.
13930 Oak Ridge Dr.
Dunee, FL 33325**

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with another person empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patrick J. Graesch
Director**

Date

3/22/03

Daytime Phone #

529-7949

954-

CR2E034B (12/02)