

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90431 021 \*\*\*150.00

U12/993

**DOCUMENT # P00000080007**

1. Entity Name

**PRACTICE GROWERS INC.**

Principal Place of Business

**2160 NE 44TH COURT  
 LIGHTHOUSE POINT FL 33064**

Mailing Address

**2160 NE 44TH COURT  
 LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1077266**

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

~~CORPORATION SERVICE COMPANY~~ **ANGELA DENKER**  
~~1201 HAYS STREET~~ **2160 NE 44th Ct.**  
~~TALLAHASSEE FL 32301-2525~~ **Lighthouse Pt, FL**

Name

**ANGELA DENKER**

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

**2160 NE 44th Court**

City

**LIGHTHOUSE POINT, FL**

Zip Code

**33064**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE

**ANGELA DENKER**

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

*Angela Denker*

(None - Registered Agent signature required when reinstating)

**4-23-01**

DATE

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DENKER, MICHAEL W</b>	
STREET ADDRESS	<b>2160 NE 44TH COURT</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Angela Denker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-01**

Date

**954 784-7339**

Daytime Phone #

CR2E034 (10/00)