

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90129 047 ***150.00

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DOCUMENT # P01000100447

1. Entity Name
DENTON TRANSPORT, INC.



Principal Place of Business
**105 BUMPY LANE
PALATKA FL 32177**

Mailing Address
**105 BUMPY LANE
PALATKA FL 32177**



☒ CHECK HERE IF MAKING CHANGES

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 **59-3753888**

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

**DENTON, KENNETH
105 BUMPY LANE
PALATKA FL 32177**

Name

DIANA DENTON

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

105 BUMPY LANE

PALATKA

City

FL

Zip Code

32177

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

(NOTE: Registered Agent signature required when reinstating)

2-15-03

DATE

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 **D** ☒ Delete
NAME **DENTON, KENNETH**
STREET ADDRESS **105 BUMPY LANE**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **DIANA DENTON**
STREET ADDRESS **105 BUMPY LANE**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Kenneth Denton**
STREET ADDRESS **105 Bumpy Lane**
CITY-ST-ZIP **Palatka, FL 32177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: **DIANA DENTON** **2-15-03** **386-328-8047**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #