04-07-2003 90119 019 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

SIGNATURE:

P02000064000 P02000064000 DOCUMENT # 1. Entity Name 03 JUN -9 AMII: 41 DENBRI, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 333 CLEMATIS STREET P.O. BOX 1812 WEST PALM BEACH FL 33401 WETS PALM BEACH FL 33402 2. Principal Place of Business 3. Mailing Address 1000 prosperit me Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 868535 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRIAN, BRIAN W Street Address (P.O. Box Number is Not Acceptable) 333 CLEMATIS STREET WEST PALM BEACH FL 33402 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating DATE - FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Detete TITLE MCDANIEL BRIAN W NAME NAME STREET ADDRESS STREET ADDRESS 333 CLEMATIS STRÉET CITY-ST-ZIP West Palm Beach Fl 33401 CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME NAME MAY, DENNIS STREET ADDRESS 333 CLEMATIS STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS City-St-ZiP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.