

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90075 008 ***150.00

DOCUMENT # P02000066690

1. Entity Name
DEN - RECONSTRUCTION USA, INC.



Principal Place of Business
8606 WEST FRANKLIN ROAD
PLANT CITY FL 33565

Mailing Address
8606 WEST FRANKLIN ROAD
PLANT CITY FL 33565

2. Principal Place of Business

19409 VIA DEL MAR

3. Mailing Address

19409 VIA DEL MAR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#204

#204

City & State

City & State

TAMPA, FL

Zip

Country

Zip

Country

33647-3034 HILLSBORO

33647-3034 HILLSBORO



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0623873

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

SHAH, TED

8606 WEST FRANKLIN ROAD
PLANT CITY FL 33565

Name

DAVID R. ELLIS

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

3233 E. BAY DR

SUITE 101

City

LARGO

FL

Zip Code

33771

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

David R. Ellis, Reg. Agt.

JAN 21, 2003

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

(NOTE: Registered Agent signature required when reinstating)

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, P	<input type="checkbox"/> Delete
NAME	WINTERLICH, MORTEN	
STREET ADDRESS	8606 WEST FRANKLIN ROAD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

WINTERLICH, MORTEN

01-21-2003

Date

Daytime Phone #

CR2E034 (10/02)