## 2003 FOR PROFIT CORPORATION

Apr 03, 2003 8:00 am \$ Secretary of State FILED **UNIFORM BUSINESS REPORT (UBR)** P02000096410 DOCUMENT # 04-03-2003 90159 046 \*\*\*150.00 1. Entity Name DEN & DEN, INC. Principal Place of Business Mailing Address 3300 BONITA-BCH\_RD\_UNIT\_107 1100 8TH AVENUE S AFE C 226 CENTER-OF-BONITA BONITA SPRINGS-FL 34134 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address 1100 8CH AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 1017 ☐ CHECK HERE IF MAKING CHANGES 1. INIT-G-226 City & State 4. FEI Number City & State Applied For 02-0642731 NAPLES Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired COLLIEN Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22 ST 4 FLR **MIAMI FL 33145** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILÉ NOW!!!. FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be ... 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition BAMBERG: DENNIS E NAME NAME 1100 8 EH AVE 5 AT 6-226 3300 BONITA BCH RD UNIT 107 STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL-94194 ---CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE **D**hange ☐ Addition DEGEMMIS, DENISE M NAME NAME 3300 BONITA BCH-RD UNIT 107 1100 8CH AUSS MATG-276 STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL-94134 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete\_ TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 a dress, with all other like empowered

TITLE

NAME

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NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

☐ Delete

Delete

Change

Change

☐ Addition

☐ Addition

CR2E034 (10/02)