

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91839 005 ***150.00

DOCUMENT # *P02000099018*

1. Entity Name
Dena Marie, Inc



70051030

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
501 N. Orlando Avenue

3. Mailing Address
Same

Suite, Apt. #, etc.
149

Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State

4. FEI Number
11-3653134

Applied For
Not Applicable

Zip
32789

Country
USA

Zip

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Dena A. Laviolette

Street Address (P.O. Box Number is Not Acceptable)
3230 Landtree Circle

City
Orlando

FL

Zip Code
32812

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 *Dena A. Laviolette*

4/6/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Dena A. Laviolette - President
3230 Landtree Circle
ORL, FL 32812*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Emily Tolentino - VP
501 N. Orlando Avenue, Ste 149
WP, FL 32789*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Dany Tolentino - Treasurer
501 N. Orlando Avenue, 149
WP, FL 32789*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Roland Laviolette - Secretary
5156 City St #118
Dekalb FL 32839*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Dena A. Laviolette*

Dena A. Laviolette

4/6/03

407-647-6061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)