

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016628

1. Entity Name

DENO MORRIS GROUP, INC.

FILED

Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90015 041 ***550.00

Principal Place of Business

3023 EASTLAND BLVD
103
CLEARWATER FL 33761
US

Mailing Address

3023 EASTLAND BLVD
103
CLEARWATER FL 33761-3928
US

2. Principal Place of Business

2531 Landmark Drive

3. Mailing Address

2531 Landmark Drive

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33761

Country

Pinellas

Zip

33761

Country

Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3234958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DENOUDEN, JAN M
2391 ANTHONY AVE
CLEARWATER FL 34619

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS 2391 ANTHONY AVE
CITY-ST-ZIP CLEARWATER FL 34619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. den Ouden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M den Ouden 6/26/00 (727) 725-2762