

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90086 005 ***150.00

DOCUMENT # **P94000038378** ✓ **N/C** **KIND**

1. Entity Name

Denville Investment Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

510 Douglas Ave.

Suite, Apt. #, etc.

Suite 1001

3. Mailing Address

510 Douglas Ave

Suite, Apt. #, etc.

Suite 1001

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

4. FEI Number

59-3238696

Applied For

Not Applicable

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

Clark, Linda

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

400 Saddleworth Place

City

Heathrow

FL

Zip Code

32746

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

Linda Clark
Linda Clark

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

(NOTE: Registered Agent Signature required when reinstating)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PO Meadows, David M. 400 Saddleworth Place Heathrow, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST Meixner, Deanna 605 Robik Lane Apopka, FL 32712
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

David Meadows
DAVID MEADOWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

DATE

407.333.4216

Daytime Phone #

CR2E034B (12/01)