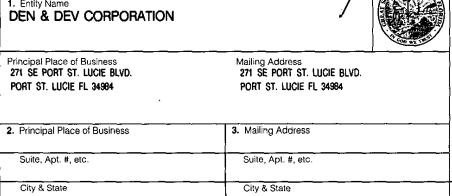
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P94000055387 **DOCUMENT #**

1. Entity Name





07-10-2003 90120 047 ***550.00

DEN & DEV CORPORATION									
Principal Place of Business 271 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34984		Mailing Address 271 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34984							
	•								
2. Principal Place of Business		3. Mailing Address				((BB/168) (10 18/1 0/0); BB/1 BB/1 BB/1	00:11: 01:6: 01:00 (1:01		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4.	4. FEI Number 65-0503579 Applied For Not Applicable			
Zíp	Country	Zíp	Cou	untry	5.	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Currer	nt Registered Agent		<u> </u>	7.	. Name and Address of New Registe			
					Name .				
	A, DEVANAND		Street Addres			Box Number is Not Acceptable)	 -		
	PICES TERRACE								
PORT ST	. LUCIE FL 34984								
,				City			FL Zip Cod	le	
8. The above the obligation	e named entity submits this statement tions of registered agent.	for the purpose of chang	ing its registe	ered office or reg	gistered a	agent, or both, in the State of Florida.	am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registe	ered Agent signature re	equired wher	n reinstating) O	ATE		
	ILE NOW!!! FEE IS \$150.00	 							
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department					Section Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AN	D DIRECTORS	11	<u></u>		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE	D	☐ Deleti	; II	TLE			Change	☐ Addition	
NAME	MATHURA, DEVANAND 261 SW PICES TERRACE			reet address					
STREET ADDRESS CITY-ST-ZIP	PORT ST. LUCIE FL 34984							ł	
TITLE	7 011 01. 20012 72 01007	□ Deleti		TY-ST-ZIP			Change	Addition	
NAME				AME			€1 change		
STREET ADDRESS			1	REET ADDRESS				}	
CITY-ST-ZIP	**			TY-ST-ZIP			·		
TITLE		Delete		rle		•	Change	☐ Addition	
NAME STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				TY-ST-ZIP					
TITLE		□ Deleti	tr	TLE .			Change	Addition	
NAME				ME			,		
STREET ADDRESS	-1			REET ADDRESS				}	
CITY-ST-ZIP	<u> </u>			TY-ST-ZIP			- <u>-</u> -		
TITLE	,	☐ Delete		ILE			Change	☐ Addition [
NAME STREET ADDRESS				ME REET ADDRESS				}	
CITY-ST-ZIP				TY-ST-ZIP				}	
7.71.5	 								
TITLE		☐ Delete	!	rle			Change	☐ Addition	
NAME		☐ Delete		ilē Me			Change	Addition	
		∟ Delete	NA ST				Change	☐ Addition	

I hereby certify that the information supplied with this filling 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:

AURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #