

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90867 018 \*\*\*150.00

**DOCUMENT # P95000021726**

**1. Entity Name**  
**DENICOURT ENTERPRISES, INC.**



**Principal Place of Business**  
**326 MINNESOTA ST.**  
**HOLLYWOOD FL 33019**

**Mailing Address**  
**326 MINNESOTA ST.**  
**HOLLYWOOD FL 33019**

**2. Principal Place of Business**

**4830 NW 92 ND TERR**  
Suite, Apt. #, etc.

**3. Mailing Address**

**4830 NW 92 ND TERR**  
Suite, Apt. #, etc.

**City & State**

**CORAL SPRING**

**City & State**

**CORAL SPRING**

**4. FEI Number**

**65-0564332**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DENICOURT, VINCENT**  
**326 MINNESOTA ST.**  
**HOLLYWOOD FL 33019**

**7. Name and Address of New Registered Agent**

**Name**  
**DENICOURT VINCENT**

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

**→ 4830 N.W. 92 ND TERR.**

**City**

**CORAL SPRING**

**FL**

**Zip Code**

**33067**

**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** *Vincent Denicourt*  
**VINCENT DENICOURT**

(NOTE: Registered Agent signature required when reinstating)

**02/27/03**  
**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DENICOURT, SUZANNE</b>	
<b>STREET ADDRESS</b>	<b>326 MINNESOTA ST.</b>	
<b>CITY-ST-ZIP</b>	<b>HOLLYWOOD FL 33019</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DENICOURT, VINCENT</b>	
<b>STREET ADDRESS</b>	<b>326 MINNESOTA ST.</b>	
<b>CITY-ST-ZIP</b>	<b>HOLLYWOOD FL 33019</b>	
<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DENICOURT, MARIE CLAUDE</b>	
<b>STREET ADDRESS</b>	<b>3955 - D - COCO PLUM CIRCLE</b>	
<b>CITY-ST-ZIP</b>	<b>POMPANO BEACH FL 33063</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DENICOURT SUZANNE</b>	
<b>STREET ADDRESS</b>	<b>4830 N.W. 92 ND TERR.</b>	
<b>CITY-ST-ZIP</b>	<b>CORAL SPRINGS, FL 33067-1909</b>	
<b>TITLE</b>	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DENICOURT VINCENT</b>	
<b>STREET ADDRESS</b>	<b>4830 N.W. 92 ND TERR</b>	
<b>CITY-ST-ZIP</b>	<b>CORAL SPRING</b>	
	<b>FL 33067-1909</b>	
<b>TITLE</b>	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DENICOURT MARIE CLAUDE</b>	
<b>STREET ADDRESS</b>	<b>3955 4830 NW 92 ND TERR</b>	
<b>CITY-ST-ZIP</b>	<b>CORAL SPRING</b>	
	<b>FL 33067-1909</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*Vincent Denicourt*  
**VINCENT DENICOURT** Date **954-923** Daytime Phone # **6286**

0156765 AV

CR2E034 (10/02)