2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P95000034992 1. Entity Name 04-12-2001 90047 003 ***150.00 DENOVO MARKETING GROUP, INC. Principal Place of Business Mailing Address 1343 ALBERTA DR. 1343 ALBERTA DR 00023048 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 813 ORIENTA 3. Mailing Address 813 ORIENTA AUENUE DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3313083 *LTAMONTE* Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIHHER DASCHNER, TONYA L Box Number is Not Acceptable) ALBERTA DRIVE Street Addre 1343 ALBERTA DRIVE WINTER PARK FL 32789 8. The above named entity authritis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 🔀 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) ☐ Delete TITLE Change Addition TITLE TONYA D. SKINHER NAME NAME DASCHNER, TONYA L 1343 ALBERTA DR STREET ADDRESS 1343 ALBERTA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 WINTER PARK FL 3278 TITLE ☐ Delete TITLE Change Addition NAME TRAVISS, TAMARA J NAME STREET ADDRESS STREET ADDRESS 1991 MOHICAN TR CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 Addition_ TITLE ---Delete TITLE . Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplier ental 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 of 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.