

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90047 003 ***150.00

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DOCUMENT # P95000034992
 1. Entity Name
DENOVO MARKETING GROUP, INC.

Principal Place of Business Mailing Address
1343 ALBERTA DR. **1343 ALBERTA DR**
WINTER PARK FL 32789 **WINTER PARK FL 32789**

2. Principal Place of Business 3. Mailing Address
813 ORIENTA AVENUE **813 ORIENTA AVENUE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ALTA MONTE SPRINGS, FL **ALTA MONTE SPRINGS, FL**
 Zip Country Zip Country
32701 **USA** **32701** **USA**

4. FEI Number Applied For
59-3313083 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DASCHNER, TONYA L
1343 ALBERTA DRIVE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 Name: **TONYA D. SKINNER**
 Street Address (P.O. Box Number is Not Acceptable):
1343 ALBERTA DRIVE
 City: **WINTER PARK** FL Zip Code: **32789**

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]* DATE: **4/05/01**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D DASCHNER, TONYA L 1343 ALBERTA DR WINTER PARK FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVISS, TAMARA J 1991 MOHICAN TR MAITLAND FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONYA D. SKINNER 1343 ALBERTA DR. WINTER PARK FL 32789 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: **4/05/01** DAYTIME PHONE #: **(407) 647-3773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

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DO NOT WRITE IN THIS SPACE