

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90158 041 ***150.00

DOCUMENT # P95000034992

1. Entity Name
DENOVO MARKETING GROUP, INC.

Principal Place of Business
813 ORIENTA AVENUE
ALTAMONTE SPRINGS FL 32701
US

Mailing Address
813 ORIENTA AVENUE
ALTAMONTE SPRINGS FL 32701
US

2. Principal Place of Business
124 Live Oaks Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
124 Live Oaks Blvd.
 Suite, Apt. #, etc.

City & State
Casselberry, FL
 Zip
32707
 Country
USA

City & State
Casselberry, FL
 Zip
32707
 Country
USA

4. FEI Number
59-3313083

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SKINNER, TONYA D
1343 ALBERTA DRIVE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VICE PRESIDENT DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MICHAEL SKINNER	
STREET ADDRESS 1343 ALBERTA DRIVE	
CITY-ST-ZIP WINTER PARK, FL 32789	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 address, with all other like empowered.

SIGNATURE: MICHAEL SKINNER, Director 4/23/02 647-3773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)