

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90144 039 ***150.00

DOCUMENT # P95000079773

1. Entity Name
DEN'S DELIVERY SERVICE, INC.



Principal Place of Business
**5255-62ND STREET NORTH
APT 109
KENNETH CITY FL 33709**

Mailing Address
**5255-62ND STREET NORTH
APT 109
KENNETH CITY FL 33709**



2. Principal Place of Business
10604-Lake Vista Dr
Suite, Apt. #, etc.

3. Mailing Address
10604-Lake Vista Dr
Suite, Apt. #, etc.

City & State
Seminole, FL

City & State
Seminole, FL

4. FEI Number **65-0617996**

Applied For
Not Applicable

Zip
33772

Country
USA

Zip
33772

Country
USA

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

6. Name and Address of Current Registered Agent

**DZEMBO, DENNIS
5255-62ND ST NORTH
APT 109
KENNETH CITY FL 33709**

7. Name and Address of New Registered Agent

Name
Dzembo, Dennis
Street Address (P.O. Box Number is Not Acceptable)
10604-Lake Vista Dr.
City & State
Seminole FL Zip Code
33772

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 *Dennis Dzembo* **Dennis Dzembo** **3/7/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DZEMBO, DENNIS P 5255 62ND STREET NORTH, APT. 109 KENNETH CITY FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST DZEMBO, DARIA 5255 62ND ST NORTH, APT 109 KENNETH CITY FL | <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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Dzembo, Dennis P 10604-Lake Vista Dr Seminole, FL 33772 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Dzembo, Daria 10604-Lake Vista Dr Seminole, FL 33772 | <input checked="" 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 |

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: *Dennis P. Dzembo* **Dennis P. Dzembo** **3/7/03** **(727) 397-2632**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)