

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90179 001 ***450.00

DOCUMENT # P96000038579



1. Entity Name
DENCO PROPERTIES (FLORIDA), INC.

Principal Place of Business
**5430 EAGLES POINT CIR
403
SARASOTA FL 34231
US**

Mailing Address
**5430 EAGLES POINT CIR
403
SARASOTA FL 34231
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number **98-0162132**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAAM, JOHN
5440 EAGLES POINT CIR
403
SARASOTA FL 34231**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DENNIS, JAMES L	
STREET ADDRESS	26 LAREDO COURT	
CITY-ST-ZIP	NORTH YORK ONTARIO, CANADA M2M4H-6	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DENNIS, LISA	
STREET ADDRESS	26 LAREDO COURT	
CITY-ST-ZIP	NORTH YORK ONTARIO, CANADA M2M4H-6	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DENNIS, JAMES	
STREET ADDRESS	26 LAREDO COURT	
CITY-ST-ZIP	NORTH YORK ONTARIO, CANADA M2M4H-6	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DENNIS, CAROLYN S	
STREET ADDRESS	26 LAREDO COURT	
CITY-ST-ZIP	NORTH YORK ONTARIO, CANADA M2M4H-6	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOWES, EUE L	
STREET ADDRESS	5440 EAGLES POINT CIR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRAAM, JOHN	
STREET ADDRESS	5440 EAGLES POINT CIR	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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** **2 JAN 03** **941-943-2124**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)