

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90040 047 ***150.00

DOCUMENT # P96000059508

1. Entity Name

DENSON ENTERPRISES INC.

Principal Place of Business

16681 MC GREGOR BLVD
 #205
 FT. MYERS FL 33908

Mailing Address

16681 MC GREGOR BLVD
 #205
 FT. MYERS FL 33908-3871

C0018004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16681 McGregor Blvd
 Suite, Apt. #, etc.
 205
 City & State
 Ft Myers
 Zip
 33908

3. Mailing Address

16681 McGregor Blvd
 Suite, Apt. #, etc.
 205
 City & State
 Ft Myers
 Zip
 33908

4. FEI Number

65-0682247

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENSON, PAMELA
 16521 ARBOR RIDGE
 FT. MYERS FL 33908

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12743 Brewster Drive

Ft. Myers

City

FL

Zip Code

33908

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

Pamela A. Denson

Signature typed for printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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
 P
 DENSON, PAMELA A
 16521 ARBOR RIDGE
 FT MYERS FL 33908
 12743 Brewster Dr.
 33908

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P. Pamela A. Denson
 12743 Brewster Drive
 Ft. Myers, FL 33908
☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ 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:

Pamela A. Denson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/00

Date

941-454-3252

Daytime Phone #

CR2E034 (9/99)