

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90210 016 \*\*\*150.00

**DOCUMENT # P97000011530**

**1. Entity Name**  
**FLORIDA 7 INVESTMENT CORP.**

**Principal Place of Business**

**36908 CHANCEY ROAD**  
**ZEPHYRHILLS FL 33541**

**Mailing Address**

**36908 CHANCEY ROAD**  
**ZEPHYRHILLS FL 33541**

**2. Principal Place of Business**

**13609-N-FL Ave**

Suite, Apt. #, etc.

**3. Mailing Address**

**13609-N-FL Ave**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**

**TAMPA, FL**

**City & State**

**TAMPA, FL**

**4. FEI Number**

**59-3433203**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**33613 Hillsborough**

**Zip**

**Country**

**33613 Hillsborough**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**REITTINGER, WAYNE**  
**36908 CHANCEY ROAD**  
**ZEPHYRHILLS FL 33541**

**7. Name and Address of New Registered Agent**

**DAVID DENNING**  
**13609-N-FL Ave**

**TAMPA, FL**

**FL**

**Zip Code 33613**

**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** *David Denning* **DAVID DENNING Pres.** **4/3/02**  
Signature, typed or printed name of registered agent and title 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, 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**

<b>TITLE</b>	<b>DST</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>REITTINGER, WAYNE</b>	
<b>STREET ADDRESS</b>	<b>36908 CHANCEY ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>ZEPHYRHILLS FL 33541</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BAKER, MARK</b>	
<b>STREET ADDRESS</b>	<b>13607 N FLORIDA AVE</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33613</b>	
<b>TITLE</b>	<b>DP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DENNING, DAVID D</b>	
<b>STREET ADDRESS</b>	<b>13609 N FLORIDA AVE</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33613</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>STEARNS, HARLAN</b>	
<b>STREET ADDRESS</b>	<b>15513 RAMBLE BROOK LANE</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33624</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>KESSENS, RICHARD</b>	
<b>STREET ADDRESS</b>	<b>13901 N FLORIDA AVE #M197</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33613</b>	
<b>TITLE</b>	<b>DV</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WEST, DALE</b>	
<b>STREET ADDRESS</b>	<b>18118 HWY 41, LOT A</b>	
<b>CITY-ST-ZIP</b>	<b>LUTZ FL 33549</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>DST Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DAVID DENNING</b>	
<b>STREET ADDRESS</b>	<b>13609-N-FL AVE</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL 33613</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>DP V Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Richard Kessens</b>	
<b>STREET ADDRESS</b>	<b>13609-N-FL AVE</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL 33613</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *David Denning* **4/3/02 813-478-2214**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)