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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State
06-19-2002 90464 001 *1,100.00

DOCUMENT # **P97000036008**

1. Entity Name
DENTON HOME ENVIRONMENTS INC.

Principal Place of Business	Mailing Address
6954 SW WISTERIA TERRACE PALM CITY FL 34990	6954 SW WISTERIA TERRACE PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **APPLIED FOR** ☐ 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
DENTON, STUART P 6954 SW WISTERIA TERRACE PALM CITY FL 34990	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 NAME STREET ADDRESS CITY-ST-ZIP	D DENTON, STUART P. 6954 SW WISTERIA TERRACE PALM CITY FL 34990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: Stuart P. Denton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
Documents #
P97000036008 4

LAW OFFICES OF

Danie Victor-Laguerre, Esq., P.A. P95000094444

Certified Family Law Mediator
Member of the Florida Bar

A Partnership of Professional Associations

9678 /

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Stuart, Florida 34996-6737
Ph. (772) 283-2868
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June 7, 2002

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Articles of Incorporation
Denton Home Environments, Inc and Averill Farms, Inc..

Dear Sir/Madam:

Pursuant to our conversation of yesterday, please find the completed forms for the above mentioned corporations, including the appropriate fees which were quoted to us. We truly appreciate your working with us in reinstating the active status of these corporations.

If you should have any questions and or comments regarding this matter, please contact our office immediately.

Very truly,

Danielle Victor-Laguerre, Esq.

DVL:mjf
Enclosures
cc: Mr and Mrs. Stuart Denton.
cc: File.

Attachment # 997000036008 96781

Form **SS-4** (Rev. December 1995) Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN 65-0757070

OMB No. 1545-0003

1 Name of applicant (Legal name) (See instructions.)
DENTON HOME ENVIRONMENTS, INC.

2 Trade name of business (if different from name in line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
6954 S W WISTERIA TERRACE

5a Business address, (if different from address in lines 4a and 4b)

4b City, state, and ZIP code
PALM CITY, FL 34990

5b City, state, and ZIP code

6 County and State where principal business is located MARTIN CO., FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor-SSN required (See instructions.) ▶ 175-46-7105
STUART P DENTON

8a Type of entity (Check only one box.) (See instructions.)

- [ ] Sole proprietor (SSN) _____
- [ ] Partnership
- [ ] REMIC
- [ ] State/local government
- [ ] Other nonprofit organization (specify) ▶
- [ ] Other (specify) ▶
- [ ] Personal service corp.
- [ ] Limited liability co.
- [ ] National Guard
- [ ] Estate (SSN of decedent) _____
- [ ] Plan administrator-SSN _____
- [X] Other corporation (specify) ▶ LANDSCAPING SERVICE
- [ ] Trust
- [ ] Federal Government/military
- [ ] Church or church-controlled organization
- [ ] Farmers' cooperative

(enter GEN if applicable) _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (Check only one box.)

- [X] Started new business (specify) ▶ LANDSCAPING
- [ ] Hired employees
- [ ] Created a pension plan (specify type) ▶
- [ ] Banking purpose (specify) ▶
- [ ] Changed type of organization (specify) ▶
- [ ] Purchased going business
- [ ] Created a trust (specify) ▶
- [ ] Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) 04/21/97

11 Closing month of accounting year (See instructions.) DEC

12 First date wages or annuities were paid or will be paid (Mo., day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien (Mo., day, year) NONE

13 Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter "0." (See instructions.)	Nonagricultural	Agricultural	Household
	0	0	0

14 Principal activity (See instructions.) ▶ LANDSCAPING SERVICE

15 Is the principal business activity manufacturing? [ ] Yes [X] No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. [ ] Business (wholesale) [ ] N/A

[X] Public (retail) [ ] Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business? [ ] Yes [X] No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ Trade name ▶

17c Approximate date when city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year) | City, and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) 770-561-1203

Name and title (Please type or print clearly.) ▶ STUART P DENTON, PRESIDENT

Fax telephone number (include area code) ( ) -

Signature ▶ X

Date ▶

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying