

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90125 046 ***158.75

DOCUMENT # P98000012774**1. Entity Name**
DEMERS DEN INC.**Principal Place of Business**
1026 NEBRASKA AVENUE
PALM HARBOR FL 34683**Mailing Address**
1026 NEBRASKA AVENUE
PALM HARBOR FL 34683**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
59-3491477Applied For
Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CLOWES, RICHARD J**
2604 HUNT RD 34688
TARPON SPRINGS FL 34689

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**

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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****P.** ☐ Delete
CLOWES, RICHARD J
2604 HUNT RD. 34688
TARPON SPRINGS FL 34689☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VP** ☐ Delete
MADURA, BETTE-ANN
2604 HUNT RD. 34688
TARPON SPRINGS FL 34689☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**S.** ☐ Delete
CLOWES, RICHARD J
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TARPON SPRINGS FL 34689☐ Change ☐ Addition
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CITY-ST-ZIP**T** ☐ Delete
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CITY-ST-ZIP☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP**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:****SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)