

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

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90147 040 \*\*\*158.25

DOCUMENT # **P98000090303**

1. Entity Name

**DE-S Enterprises**

~~DENISE COVENTRY~~

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1220 12th ct S.W**

Suite, Apt. #, etc.

3. Mailing Address

**1220 12th ct S.W**

Suite, Apt. #, etc.

City & State

**Largo FL**

City & State

**Largo, FL 33770**

Zip

**33770**

Country

**Pinellas**

Zip

**33770**

Country

**Pinellas**

4. FEI Number

**593539065**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**DE-S Enterprises - Denise Coventry**

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

**Denise Coventry**

**1220 12th ct S.W**

City

**Largo**

**FL**

Zip Code

**33770**

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

**Denise Coventry DENISE COVENTRY**

**4-20-02**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<b>President</b>
NAME	<b>Denise Coventry</b>
STREET ADDRESS	<b>1220 12th ct S.W</b>
CITY-ST-ZIP	<b>Largo FL 33770</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Denise Coventry Denise Coventry**

Date

**4-20-02**

Daytime Phone #

**727-585-9999**

CR2034B (12/01)