

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

04-12-2001 90041 011 ***150.00

DOCUMENT # P99000019396

1. Entity Name

DENOBREGA ENTERPRISES, INC.

Principal Place of Business

**16413 EAGLE VIEW DRIVE
SPRING HILL FL 34610**

Mailing Address

**16413 EAGLE VIEW DRIVE
SPRING HILL FL 34610**

2. Principal Place of Business

16413 Eagle View DR
Suite, Apt. #, etc.

3. Mailing Address

16413 Eagle View DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BROOKSVILLE FL

City & State

BROOKSVILLE FL

4. FEI Number

59-3579733

Applied For

Not Applicable

Zip

34610

Country

HERANDO

Zip

34610

Country

Herando5. 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

**DENOBREGA, LEON
16413 EAGLE VIEW DR
BROOKSVILLE FL 34610**

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 **LEON DENOBREGA****PRESIDENT****4-23-01**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PD DENOBREGA, LEON 16413 EAGLE VIEW DRIVE SPRING HILL FL 34610 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DENOBREGA, GAIL 16413 EAGLE VIEW DRIVE SPRING HILL FL 34610 ☐ 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

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: **Leon Denobrega**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

727-856-4744

Daytime Phone #

CR2034 (10/00)