

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

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90078 005 \*\*\*150.00

DOCUMENT # P99000019396

1. Entity Name

Denobrega Enterprises Inc.



**DO NOT WRITE IN THIS SPACE**

20017796

2. Principal Place of Business

15018 Camrose Ave.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Spring Hill, FL

City & State

4. FEI Number

59-3579733

Applied For

Not Applicable

Zip

34610

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required —

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME Leon Denobrega  
STREET ADDRESS 15018 Camrose Ave  
CITY-ST-ZIP Spring Hill, FL 34610

TITLE JD  
NAME GAIL Denobrega  
STREET ADDRESS 15018 Camrose Ave.  
CITY-ST-ZIP Spring Hill, FL 34610

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gail Denobrega

2-25-05

Date

Daytime Phone #

CR2E034B (12/02)