

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046644

1. Entity Name
THE DEN, INC.

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90017 020 ***150.00

Principal Place of Business
3301 -54TH AVE NORTH
SAINT PETERSBURG FL 33714

Mailing Address
3304 QUEEN STREET NORTH
ST PETERSBURG FL 33713

2. Principal Place of Business
3301 -54 Ave. No.
Suite, Apt. #, etc.

3. Mailing Address
3304 Queen St. No.
Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL.
Zip
33714

City & State
ST. PETERSBURG, FL.
Zip
33713

4. FEI Number
59-3589338

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEEKS, MICHAEL B
3304 QUEEN STREET NORTH
ST PETERSBURG FL 33713

7. Name and Address of New Registered Agent

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 Michael B. Weeks MICHAEL B. WEEKS President 1-4-02
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) ☐

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

TITLE PD
NAME WEEKS, MICHAEL B
STREET ADDRESS 3304 QUEEN STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Delete

TITLE VST
NAME WEEKS, CLARA
STREET ADDRESS 3304 QUEEN STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Michael B. Weeks MICHAEL B. WEEKS Pres. 1-4-02 522-5415
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)