

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V61013**

1. Entity Name

**DENICO, INC.****FILED****Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90089 018 \*\*\*150.00

Principal Place of Business <b>1988 GUAVA AVE MELBOURNE FL 32935 US</b>		Mailing Address <b>1988 GUAVA AVE MELBOURNE FL 32935-7643 US</b>		DO NOT WRITE IN THIS SPACE
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 <b>59-3142121</b>
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>DENNISON, LARRY 3502 SAMUEL PL MELBOURNE FL 32934</b>				7. Name and Address of New Registered Agent
				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
DATE _____				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 Added to F</b>		
		<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</b>		
11. OFFICERS AND DIRECTORS				
TITLE	<b>P DENNISON, LARRY</b> <input type="checkbox"/> Delete			
NAME	<b>3502 SAMUEL PL</b>			
STREET ADDRESS	<b>MELBOURNE FL</b>			
CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			
NAME				
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TITLE	<input type="checkbox"/> Delete			
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CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>			
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>			
NAME				
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CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>			
NAME				
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 changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <b>LARRY DENNISON</b> <b>P.</b> <b>01-31-00</b> <b>321-259</b>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				
Date				
Daytime Phone #				