

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 793000082659

1. Entity Name

A DEAN SCHARN, INC.

APPROVED
AND
FILED

00 MAY -2 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business <u>300 S. MADISON AVE. #5 CLEARWATER, FL 33756</u>	Mailing Address <u>300 S. MADISON AVE. #5 CLEARWATER, FL 33756</u>
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2. Principal Place of Business <u>1412 SEAGULL DR. Suite, Apt. #, etc. # 308 City & State PALM HARBOR, FL Zip 34685</u>	3. Mailing Address <u>1412 SEAGULL DR. Suite, Apt. #, etc. # 308 City & State PALM HARBOR, FL Zip 34685</u>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3212927</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <u>DEAN SCHARN 1412 SEAGULL DR. #308 PALM HARBOR, FL 34685</u>	7. Name and Address of New Registered Agent Name <u>MARSHALL G. REISSMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>5001 W. CYPRESS ST. STE. 200</u> City <u>TAMPA</u> FL Zip Code <u>33607</u>
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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  MARSHALL G. REISSMAN - R.A. DATE 4-28-00
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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>P/CEO DEAN SCHARN 1412 SEAGULL DR. #308 PALM HARBOR, FL 34685</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>P/CEO / S/T/D DEAN SCHARN 1412 SEAGULL DR. #308 PALM HARBOR, FL 34685</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>V ROBERT NORECK 3005 ALT. 19 NORTH PALM HARBOR, FL 34683</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>V WILLIAM THOMPSON 5862-63RD AVENUE PINELLAS PARK, FL 33781</u>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>700003258497--4 -05/19/00--01008--002 ****150.00 500.00</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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:  DEAN SCHARN, Pres. DATE 4-28-00 DAYTIME PHONE # 727/538-2427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #