

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90078 048 ***150.00

037598

DOCUMENT # P97000049572

1. Entity Name
DEAN ALLI, INC.

Principal Place of Business
**11625 WALSINGHAM ROAD
 LARGO FL 33778**

Mailing Address
**11625 WALSINGHAM ROAD
 LARGO FL 33778**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 1508

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO FLORIDA

4. FEI Number **59-3453895**

Applied For

Not Applicable

Zip

Country

Zip

Country

33779-1508 USA

5. 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

**ALLI, ROBERT
 11625 WALSINGHAM ROAD
 LARGO FL 33778**

Name

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

P.O. Box

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 **ROBERT ALLI**

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

(NOTE: Director/Agent Signature required when reinstating)

4/24/01

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 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 **D** Delete
 NAME **ALLI, ROBERT**
 STREET ADDRESS **11625 WALSINGHAM ROAD**
 CITY-ST-ZIP **LARGO FL 33778**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **P.O. Box 1508**
 CITY-ST-ZIP **LARGO FL 33779-1508**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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Change Addition
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 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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Alli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-517-3807

Daytime Phone #

CR2E034 (10/00)