

# 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

Mailing Address

300 S. MADISON AVE.

300 S. MADISON AVE.

#5

#5

CLEARWATER, FL 33756

CLEARWATER, FL 33756

2. Principal Place of Business

1412 SEAGULL DR.

3. Mailing Address

1412 SEAGULL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 308

# 308

City & State

City & State

PALM HARBOR, FL

PALM HARBOR, FL

Zip

Country

Zip

Country

34685

USA

34685

USA

4. FEI Number

59-3212927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEAN SCHARN  
1412 SEAGULL DR.  
#308

PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent

Name

MARSHALL G. REISSMAN

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

5001 W. CYPRESS ST.

STE. 200

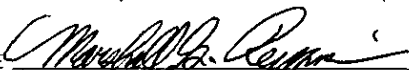
City TAMPA

FL

Zip Code

33607

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.

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 PCEO ☐ Delete  
NAME DEAN SCHARN  
STREET ADDRESS 1412 SEAGULL DR. #308  
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE PCEO / S / T / D ☒ Change ☐ Addition  
NAME DEAN SCHARN  
STREET ADDRESS 1412 SEAGULL DR. #308  
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE V ☐ Delete  
NAME ROBERT NORECK  
STREET ADDRESS 3005 ALT. 19 NORTH  
CITY-ST-ZIP PALM HARBOR, FL 34683

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

TITLE V ☒ Delete  
NAME WILLIAM THOMPSON  
STREET ADDRESS 5862-63RD AVENUE  
CITY-ST-ZIP PINELLAS PARK, FL 33781

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN SCHARN, Pres.

4-28-00

Date

727/538-2427

Daytime Phone #

CR2E034 (9/99)