## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## 335925 **DOCUMENT #**

1. Entity Name

DEAN STILL INVESTMENT, INC.



## 

Principal Place of Business	Mailing Address				
EXECUTIVE PLAZA  4406 SOUTH FLORIDA AVE., SUITE 22G	EXECUTIVE PLAZA	AVE CHITE 990			
LAKELAND FL 33813	4406 SOUTH FLORIDA LAKELAND FL 33813	AVE., SUITE 22G	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
EAREDAND FE 33013	EARELAND FE 33813				
2. Principal Place of Business	3. Mailing Address	***	-		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State	City & State		4. FEI Number 59-1365947	Applied For	
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6 Name and Address of	Current Registered Agent		7 Name and Address of New Posisteres		
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent Name		
DANKO, WILLIAM			•		
		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
4406 SO. FLA. AVE. STE. 22G			)		
LAKELAND FL 33813					
3		City	F	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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
Signature, typed or printed name of regist	ered agent and title if applicable. (N	OTE: Registered Agent signature require	d when reinstating) DATE		
FILE NOW!!! FEE IS \$150				\$5:00-May Be-	
After May 1, 2003 Fee will be \$	· •	· · · · · · · · · · · · · · · · · · ·		Added to Fees	
Make Check Payable to Florida Depart	ment of State				
	RS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11	
TITLE . P	☐ Delete	TITLE -	resident	☐ Change ☐ Addition	
NAME DANKO, WILLIAM		NAME 4	406 30. Fla Out	Ste 23.2	
STREET ADDRESS 4406 SO.FLA. AVE. STE. LAKELAND FL	22G ·	STREET ADDRESS CITY-ST-ZIP	President 406 30. Fla Ove akeland, Fla. 3	13/83	
TITLE DS	☐ Delete	TITLE	cretain 1	✓ ☐ Change ☐ Addition	
NAME DANKO, ISABEL	_ 5500	NAME 1/	406 So. 1 + Qa av. St	1226	
STREET ADDRESS 4406 SO. FLA. AVE. STE.	22G	STREET ADDRESS	akeland, Fla 3.	38/3	
CITY-ST-ZIP LAKELAND FL		CITY-ST-ZIP	anelany / .		
TITLE D	Delete	TITLE		☐ Change ☐ Addition	
NAME KERR, RUTH	_ 33333	NAME /	reasurer year av. St	2129	
STREET ADDRESS 4406 SO. FLA. AVE., STE	. 22G	STREET ADDRESS #	4003	,	
CITY-ST-ZIP LAKELAND FL.		CITY-ST-ZIP	akeland, Fla	•	
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		ľ	
TITLE	Delete	TITLE		☐ Change ☐ Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	1 d 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	☐ Change ☐ Addition	
NAME	_ 0000	NAME			
STREET ADDRESS	الأنامية، من	STREET ADDRESS*	ستنبذ والموالي المرواء والمواويون	-	
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supp	lied with this filing does not qualify:	for the exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further ce	ertify that the information	
indicated on this report or supplemental of the corporation or the receiver or trust	report is true and appurate and the	t my nignoture shall be a the	come local offeet as if made under eath, that I	om an officer or director	