

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90208 036 \*\*\*150.00

FLS 2003 01

**DOCUMENT # 416107**



1. Entity Name  
**DEAN SPEARMAN SALES CORP.**

Principal Place of Business  
**DEAN SPEARMAN SALES  
11503 CERCA DEL RIO  
TEMPLE TERRACE FL 33617  
US**

Mailing Address  
**DEAN SPEARMAN SALES  
11503 CERCA DEL RIO  
TEMPLE TERRACE FL 33617  
US**



2. Principal Place of Business  
*6706 Driftling Sands Rd*  
Suite, Apt. #, etc.

3. Mailing Address  
*6706 Driftling Sands Rd*  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
*Temple Terrace, FL*  
Zip  
*33617*  
Country  
*US*

City & State  
*Temple Terrace, FL*  
Zip  
*33617*  
Country  
*US*

4. FEI Number **59-1447480**  
Applied For  
 Not Applicable

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

**SPEARMAN, DEAN  
11503 CERCA DEL RIO PLACE  
TEMPLE TERRACE FL 33617**

Name  
*Dean Spearman*  
Street Address (P.O. Box Number is Not Acceptable)  
*6706 Driftling Sands Rd*  
City *Temple Terrace* **FL** Zip Code *33617*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSV SPEARMAN, DEAN 11503 CERCA DEL RIO PLACE TEMPLE TERRACE FL 33617</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SPEARMAN, DEAN 11503 CERCA DEL RIO PLACE TEMPLE TERRACE FL 33617</b> <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dean Spearman* **DEAN SPEARMAN** *2/11/03*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)