

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

0419695 AV

DOCUMENT # J89458

1. Entity Name
RICHARD DEAN & ASSOCIATES, INC.



04-25-2003 90172 017 ***150.00

Principal Place of Business
**817 NORTH DIXIE HIGHWAY
LAKE WORTH FL 33460
US**

Mailing Address
**PO BOX 1191
LAKE WORTH FL 33260
US**



2. Principal Place of Business
1695 FLORIDA MANGO ROAD

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.
SUITE 1

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
WEST PALM BEACH, FL

City & State

4. FEI Number **59-2847606**

Applied For
Not Applicable

Zip **33406**

Country
US

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 Registered Agent

**DEAN, N. RICHARD
817 NORTH DIXIE HIGHWAY
LAKE WORTH FL 33460**

Name
DEAN, N. RICHARD
Street Address (P.O. Box Number is Not Acceptable)
**1695 FLORIDA MANGO ROAD
SUITE 1
WEST PALM BEACH, FL Zip Code 33406**

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 *Norman R. Dean Jr*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 23, 2003

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, N. RICHARD 817 N DIXIE HIGHWAY LAKE WORTH FL 33460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHULTE, KATHRYN M. 79 SANDPIPER WAY BOYNTON BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAN, N. RICHARD 1695 FLORIDA MANGO RD., STE. 1 WEST PALM BEACH, FL 33406	<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
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
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: *Norman R. Dean Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 561-707-3449
Date Daytime Phone #

CR2E034 (10/02)