

2001 UNIFORM BUSINESS REPORT (UBR)

2/1:

FILED
Mar 06, 2001 8:00 am
Secretary of State

02-15-2001 90087 017 ***150.00

DOCUMENT # P00000077974

1. Entity Name

DFG & ASSOCIATES, INC.

Principal Place of Business

10602 KESWICK PLACE
TAMPA FL 33626

Mailing Address

10602 KESWICK PLACE
TAMPA FL 33626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3670334

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RILEY, STEVEN P
4805 WEST LAUREL STREET
SUITE 230
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Michael E. Dean Sr.

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

10602 Keswick Place

City

Tampa

FL

Zip Code

33626

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

Michael E. Dean Sr.
MICHAEL E. DEAN SR
PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/01

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MICHAEL E. DEAN SR	
STREET ADDRESS	10602 KESWICK PL	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael E. Dean Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

Date

813-854-2626

Daytime Phone #

CR2E034 (10/00)