

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90300 038 ***150.00

DOCUMENT # P00000086938

1. Entity Name
DEAN CONSTRUCTION GROUP, INC.

Principal Place of Business

**2226 METROPOLITAN WAY
 APT. 1115
 ORLANDO FL 32839**

Mailing Address

**2226 METROPOLITAN WAY
 APT. 1115
 ORLANDO FL 32839**

2. Principal Place of Business

**3391 MORELYNCREST CR
 Suite, Apt. #, etc.**

3. Mailing Address

**3391 MORELYNCREST CR
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
59-3670028

Applied For
 Not Applicable

Zip
32828
 Country
USA

Zip
32828
 Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SWART, CPA, HARRY J
 717 E. OAK ST.
 KISSIMMEE FL 34644**

7. Name and Address of New Registered Agent

Name
TRACEY A. DEAN
 Street Address (P.O. Box Number is Not Acceptable)

**3391 MORELYN CREST CIRCLE
 City ORLANDO FL Zip Code 32828**

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 *Tracey A. Dean, president* **Tracey A. Dean** **3/15/02**
(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, 2002 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 **PST** ☐ Delete
 NAME **DEAN, TRACEY A**
 STREET ADDRESS **5839 PADGETT CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **VPD** ☐ Delete
 NAME **DEAN, PAUL R**
 STREET ADDRESS **5839 PADGETT CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
 NAME **Dean, Tracey A**
 STREET ADDRESS **3391 Morelyn Crest Circle**
 CITY-ST-ZIP **Orlando FL 32828**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Dean, Paul R.**
 STREET ADDRESS **3391 Morelyn Crest Circle**
 CITY-ST-ZIP **Orlando FL 32828**

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

TITLE ☐ Change ☐ Addition
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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: *Tracey A. Dean* **Tracey A. Dean** **3/15/02** **407-277-9900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)