

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90068 023 ***550.00

0115804 AT

DOCUMENT # P00000095703

1. Entity Name
TEAM DEAN'S U.S.A., INC.

Principal Place of Business
1206 5TH PLACE
VERO BEACH FL 32962

Mailing Address
1206 5TH PLACE
VERO BEACH FL 32962

2. Principal Place of Business

3. Mailing Address

1425 55th CT, SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

Zip

Country

Zip

Country

32968

USA

4. FEI Number

☒ 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

DEAN MAYS, LORRE
1206 5TH PLACE
VERO BEACH FL 32962

NEW ADDRESS →

Name

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

1425 55th CT, SW

City

VERO BEACH

FL

Zip Code

32968

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00 -
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **DEAN MAYS, LORRE**
 STREET ADDRESS **1206 5TH PLACE**
 CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE ☒ Change ☐ Addition
 NAME **1425 55th CT, SW**
 STREET ADDRESS **VERO BEACH, FL**
 CITY-ST-ZIP **32968**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/01 561-532-6804
 Date Daytime Phone #

CR2E034 (5/01)