

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90692 043 ***150.00

DOCUMENT # P01000037647

1. Entity Name
DEARBORN INSTALLATIONS CORP.

Principal Place of Business **Mailing Address**
7005 FOUNTAIN AVE. **7005 FOUNTAIN AVE.**
TAMPA FL 33634 **TAMPA FL 33634**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.
247 GRAND AVE Suite, Apt. #, etc.
247 GRAND AVE
 City & State City & State
MASARYKTOWN, FL **MASARYKTOWN, FL**
 Zip Zip
34604 **34604** Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
59-3715126 **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**
DEARBORN, DANIEL W Name **DANIEL W DEARBORN**
7005 FOUNTAIN AVE. Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33634 **247 GRAND AVE**
 City **MASARYKTOWN** City **MASARYKTOWN** FL Zip Code **34604**

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE DATE **05-23-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **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** ☐ **\$5.00 May Be Added to Fees**
(See criteria on back) **Trust Fund Contribution.**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARBORN, DANIEL W		NAME	DANIEL W DEARBORN	
STREET ADDRESS	7005 FOUNTAIN AVE.		STREET ADDRESS	247 GRAND AVE	
CITY-ST-ZIP	TAMPA FL 33634		CITY-ST-ZIP	MASARYKTOWN, FL 34604	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **05-23-02** **(813) 416-5107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)