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FILED
Mar 29, 2002 8:00 am
Secretary of State
02-21-2002 90086 001 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000050099

1. Entity Name
TAL-DEAN, INC.

Principal Place of Business	Mailing Address
2136 TAMA CIRCLE APT NO 201 NAPLES FL 34112	P.O. Box 11314 NAPLES, FL. 34101

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2136 TAMA CIR.	P.O. BOX 11314
Suite, Apt. #, etc. ~~APT. 201~~	Suite, Apt. #, etc.
City & State Naples, FL.	City & State NAPLES, FL.
Zip 34112 Country USA	Zip 34101 Country USA

4. FEI Number 65-1089634 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CIPRIANO, D J
2136 TAMA CIRCLE
APT. 201
Naples, FL. 34112

7. Name and Address of New Registered Agent
Name
Street N/A
City FL

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 D J Cipriano — 2-4-02
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIPRIANO, D J 2136 TAMA CIRCLE APT 201 NAPLES, FL. 34112 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 D J Cipriano Pres. (2-4-02) 941-775-3413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACH DOC# P01000050099 3-13-02

18905

Division of Corporations

I put the new street address for me (the current registered agent) DJ Cipriano Jr. in line 6. (ANSWERED INTIALED IT)

Thanks for your patience I hope this is correct.

DJ Cipriano Jr.