

05-22-2002 90241 027 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PD1000096877** ✓
 1. Entity Name
DEAR JOHN ENTERPRISES

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2537 STONY BROOK LANE
 Suite, Apt. #, etc.

3. Mailing Address
2537 STONY BROOK LANE
 Suite, Apt. #, etc.

City & State
CLEARWATER FLORIDA

City & State
CLEARWATER FLORIDA

Zip
33761

Country
FLORIDA

Zip
33761

Country
FLORIDA

4. FRI Number
1-568-3758462

Applied For
 Not Applicable

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

NEW #

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7. Name and Address of Current Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE **4-30-2002**

Signature, brand or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so: (See criteria on back)

January - May Fee: **\$180.00**
 June - May Fee: **\$350.00**
 Annual UBR fee: **\$6125**
 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 NAME STREET ADDRESS CITY - ST - ZIP P/UT/S/O/C/A SUNW R LEHNER 2537 STONY BROOK LANE CLEARWATER FL 33761	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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 on an attachment with an address, with all other, duly empowered.

SIGNATURE: **John Lehner** DATE: **4-30-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)