

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054372

1. Entity Name  
**DEAN MARK CORP.**

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90055 002 \*\*\*150.00

Principal Place of Business *Ray*  
29610 BRIGHT ~~RD~~ PL  
WESLEY CHAPEL FL 33543

Mailing Address  
POST OFFICE BOX 15645  
TAMPA FL 33684-5645



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3333016** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
~~MEYERSON, BARRY~~  
~~5314 HENDERSON BLVD #101~~  
~~TAMPA FL 33600~~

*Cole Tackett Accounting Inc*  
*Gene Cole / Pam Tackett*  
*9340 N 56 St #220*  
*Tampa, FL 33617*

7. Name and Address of New Registered Agent  
*Gene Cole / Pam Tackett*  
Street Address (P.O. Box Number is Not Acceptable)  
*9340 N. 56 St. #220*  
City *Tampa* FL Zip Code *33617*

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 *Stenkins* (NOTE: Registered Agent signature required when reinstating) DATE *02-23-00*

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, 2000 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PERKINS, STAN <i>Ray</i></b>	
STREET ADDRESS	<b>29610 BRIGHT <del>RD</del> PL</b>	
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33543</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Stenkins* DATE *02-23-00* DAYTIME PHONE # *813-226-0423*

CR2E034 (9/99)