

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094626

1. Entity Name

DERMA-TEK INDUSTRIES, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90030 019 \*\*\*150.00

Principal Place of Business

362 CENTER CT.  
VENICE FL 34292  
US

Mailing Address

340 CENTER CT  
VENICE FL 34292  
US

2. Principal Place of Business

362 Center Ct

3. Mailing Address

362 Center Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice, FL

City & State

Venice, FL

Zip

34292

Country

USA

Zip

34292

Country

USA

6. Name and Address of Current Registered Agent

MARCUM, H D  
340 CENTER CT  
VENICE FL 34292

7. Name and Address of New Registered Agent

Name MARCUM, H D  
Street Address (P.O. Box Number is Not Acceptable)  
362 Center Ct  
City Venice FL Zip Code 34292

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 H. D. MARCUM  
Signature, typed or printed name of registered agent and title if applicable.

H. D. MARCUM  
(NOTE: Registered Agent signature required when reinstating)

4-24-2001  
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, 2001 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 DPT  
NAME MARCUM, H D  
STREET ADDRESS 222 MARTINIQUE  
CITY-ST-ZIP NORTH PORT FL 34287 ☐ Delete

TITLE DVS  
NAME DYE, KENNETH R  
STREET ADDRESS 4283 WORDSWORTH WAY  
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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: H. D. MARCUM  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2001 941 492 6966  
Date Daytime Phone #

0547955

CR2E034 (10/00)