2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90102 042 ***150.00

DOCUMENT # P96000039092

1. Entity Name
DENNIS MCCUNE, INC.

Principal Place of Business	Mailing Address
2230 CYPRESS BEND NO STE 107 POMPANO BEACH FL 33069	2230 CYPRESS BEND NO STE 107 POMPANO BEACH FL 33069-4496

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
240 SW 12th AVE	
Suite, Apt. #, etc. BAY # 5	Suite, Apt. #, etc.
City & State POMPANO BEACH, FL	City & State
Zip 33069 Country USA	Zip Country

4. FEI Number 65-0678367 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCUNE, DENNIS R.
2230 CYPRESS BEND NO STE 107
POMPANO BEACH FL 33069

7. Name and Address of New 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 [signature]
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D PRESIDENT ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	MCCUNE, DENNIS R.	NAME
STREET ADDRESS	2230 CYPRESS BEND NO STE 107	STREET ADDRESS
CITY-ST-ZIP	POMPANO BEACH FL 33069	CITY-ST-ZIP
TITLE	VICE PRESIDENT, TREASURER ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	HELEN L. MANCO	NAME
STREET ADDRESS	2230 CYPRESS BEND No, STE 107	STREET ADDRESS
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ 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: [signature] DENNIS R. McCUNE 1-24-2000 954/785-6062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #