

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90109 036 ***150.00

DOCUMENT # P96000039092

1. Entity Name
DENNIS MCCUNE, INC.

Principal Place of Business
**240 SW 12TH AVE
 BAY#5
 POMPANO BEACH FL 33069**

Mailing Address
**2230 CYPRESS BEND NO STE 107
 POMPANO BEACH FL 33069**

2. Principal Place of Business

3. Mailing Address

2240 CYPRESS BEND NO #108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
POMPANO Bch, FL

4. FEI Number **65-0678367**

Applied For
 Not Applicable

Zip Country

Zip Country

33069

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 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

TITLE
 NAME **P MCCUNE, DENNIS R** ☐ Delete
 STREET ADDRESS **2230 CYPRESS BEND NO STE 107**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE
 NAME **VPT MANCO, HELM L** ☐ Delete
 STREET ADDRESS **2230 CYPRESS BEND NO, STE 107**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **2240 CYPRESS BEND N. # 108**
 CITY-ST-ZIP **POMPANO Bch, FL 33069**

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **2240 CYPRESS BEND N # 108**
 CITY-ST-ZIP **POMPANO Bch FL 33069**

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

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

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

TITLE
 NAME ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED

DENNIS MCCUNE **2/14/02** **954-785-6062**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)