

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90148 044 ***150.00

DOCUMENT # P96000091655

1. Entity Name

DEEN & LAURENCE, P.A.

JEFFREY D. DEEN, P.A.

Principal Place of Business

**101 WYMORE ROAD, SUITE 337
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**101 WYMORE ROAD, SUITE 337
 ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

**238 N Westmore Dr
 Suite, Apt. #, etc.
 Ste 105**

3. Mailing Address

**238 N Westmore Dr
 Suite, Apt. #, etc.
 Ste 105**

City & State
Altamonte Springs FL

City & State
Altamonte Springs FL

4. FEI Number **59-3410123**

Applied For
 Not Applicable

Zip
32714-3363

Country
USA

Zip
32714-3363

Country
USA

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

6. Name and Address of Current Registered Agent

**DEEN, JEFF
 101 WYMORE ROAD, SUITE 337
 ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name
Same
 Street Address (P.O. Box Number is Not Acceptable)
238 N Westmore Dr Ste 105
 City
Altamonte Springs FL Zip Code
32714-3363

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
D ☐ Delete
 NAME
DEEN, JEFFREY D
 STREET ADDRESS
101 WYMORE RD STE 337
 CITY-ST-ZIP
ALTAMONTE SPRINGS FL

TITLE
D ☒ Delete
 NAME
LAURENCE, STEVEN L
 STREET ADDRESS
101 WYMORE RD STE 337
 CITY-ST-ZIP
ALTAMONTE SPRINGS FL

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Jeffrey D. Deen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 407 862 2529
 Date Daytime Phone #

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

ATTACHMENT

651190

DOCUMENT # **P96000091655**

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JEFFREY D. DEEN, P.A.

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ALTAMONTE SPRINGS FL 32714

Mailing Address
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ALTAMONTE SPRINGS FL 32714

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 Suite, Apt. #, etc.
Ste 105

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 Suite, Apt. #, etc.
Ste 105

City & State
Altamonte Springs FL

City & State
Altamonte Springs FL

Zip
32714-3363

Country
USA

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4. FEI Number
59-3410123

Applied For
☐ Not Applicable

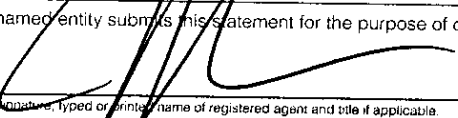
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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DEEN, JEFF
101 WYMORE ROAD, SUITE 337
ALTAMONTE SPRINGS FL 32714

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Same
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEEN, JEFFREY D 101 WYMORE RD STE 337 ALTAMONTE SPRINGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURENCE, STEVEN L 101 WYMORE RD STE 337 ALTAMONTE SPRINGS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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SIGNATURE: **Jeffrey D Deen** 407 862 2529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)