

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90243 034 ***150.00

DOCUMENT # P97000047392

1. Entity Name
DEAN & ASSOCIATES OF BREVARD, INC.



Principal Place of Business
3199 SUNTREE BLVD
#1
ROCKLEDGE FL 32955
US

Mailing Address
3199 SUNTREE BLVD
#1
ROCKLEDGE FL 32955
US



2. Principal Place of Business
100 OYSTER PLACE
Suite, Apt. #, etc.

3. Mailing Address
100 OYSTER PLACE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ROCKLEDGE, FL
Zip
32955
Country
US

City & State
ROCKLEDGE, FL
Zip
32955
Country
US

4. FEI Number **59-3457507**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEYTE-VIDAL, LISA J
2005 S TROPICAL TRAIL
MERRITT ISLAND FL 32952

Name
Street Address
City

7. Name and Address of New Registered Agent

MATTHEW T. BURKE, CPA
503 N. ORLANDO AVE., SUITE 106
COCOA BEACH, FL 32931

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Matthew T. Burke*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/30/03*

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☐ Delete
DEAN, DARRELL R
100 OYSTER PLACE
ROCKLEDGE FL 32955

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☒ Delete
LEYTE-VIDAL, LISA J
1041 BALL ROAD
COCOA BEACH FL 32931

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☐ Delete
SANTIAGO, LEYTE-VIDAL
2005 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. 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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Matthew T. Burke*

2-11-03

321-863-2591

CR2E034 (10/02)