

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049572

1. Entity Name  
DEAN ALLI, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90078 048 \*\*\*150.00

Principal Place of Business  
11625 WALSINGHAM ROAD  
LARGO FL 33778

Mailing Address  
11625 WALSINGHAM ROAD  
LARGO FL 33778



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 1508  
Suite, Apt. #, etc.

City & State  
LARGO FLORIDA

4. FEI Number 59-3453895  
Applied For  
Not Applicable

Zip Country  
33779-1508 USA

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

6. Name and Address of Current Registered Agent  
ALLI, ROBERT  
11625 WALSINGHAM ROAD  
LARGO FL 33778

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
P.O. Box  
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 ROBERT ALLI *Robert Alli* 4/24/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: For stores, agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐  
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 D  
NAME ALLI, ROBERT  
STREET ADDRESS 11625 WALSINGHAM ROAD  
CITY-ST-ZIP LARGO FL 33778  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS P.O. Box 1508  
CITY-ST-ZIP LARGO FL 33779-1508  
☒ 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: *Robert Alli* 727-517-3807  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

037598

CR2E034 (10/00)