

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031716

1. Entity Name

STANLEY/DEAN AGENCY, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90063 039 ***150.00

Principal Place of Business

Mailing Address

22 SEMINOLE RD
ATLANTIC BEACH FL 32233

22 SEMINOLE RD
ATLANTIC BEACH FL 32233-4139

2. Principal Place of Business

3. Mailing Address

22 Seminole Road

22 Seminole Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlantic Beach FL

City & State

Atlantic Bch FL

4. FEI Number

59-3506883

Applied For

Not Applicable

Zip

32233

Country

DUAL

Zip

32233

Country

DUAL

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

DEAN, PAULA D
22 SEMINOLE RD
ATLANTIC BEACH FL 32233

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)

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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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
STANLEY, KIM R
22 SEMINOLE RD
ATLANTIC BEACH FL 32233

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DEAN, PAULA D
22 SEMINOLE RD
ATLANTIC BEACH FL 32233

☐ Delete

TITLE
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☐ 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:

DEAN, PAULA D President

Date

Daytime Phone #

CR2E034 (9/99)