

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90029 033 ***150.00

DOCUMENT # P98000034120

1. Entity Name

MARK DEARMAN, P.A.

Principal Place of Business

**300 NW 82 AVE
 110
 PLANTATION FL 33324**

Mailing Address

**300 NW 82 AVE
 110
 PLANTATION FL 33324**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

150 North University Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Plantation, FL

Plantation, FL

Zip

Country

Zip

Country

33324

U.S.A.

33324

U.S.A.

4. FEI Number

65-0836554

Applied For

Not Applicable

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

**DEARMAN, MARK
 3302 NW 82 AVE STE 110
 PLANTATION FL 33324**

Name

Mark Dearman

Street Address (P.O. Box Number is Not Acceptable)

150 North University Drive

Suite 200

City

Plantation

FL

Zip Code

33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST**
 NAME **DEARMAN, MARK**
 STREET ADDRESS **300 NW 82 AVE STE 110**
 CITY-ST-ZIP **PLANTATION FL 33324**

☐ Delete

TITLE ☒ Change ☐ Addition
 NAME **150 North University Drive, Suite 200**
 STREET ADDRESS **Plantation, FL 33324**
 CITY-ST-ZIP

TITLE **TS**
 NAME **DEARMAN, MARK**
 STREET ADDRESS **300 NW 82 AVENUE, SUITE 110**
 CITY-ST-ZIP **PLANTATION FL 33322**

☐ Delete

TITLE ☒ Change ☐ Addition
 NAME **150 North University Drive, Suite 200**
 STREET ADDRESS **Plantation, FL 33324**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

954-915-8888

Daytime Phone #

CR2E034 (9/01)