

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037071

1. Entity Name

DERMOR, INC.

Principal Place of Business

20401 SR 7, #G-4
BOCA RATON FL 33498

Mailing Address

20401 SR 7, #G-4
BOCA RATON FL 33498

2. Principal Place of Business

20437 SR 7 #G-4

3. Mailing Address

20437 SR 7

Suite, Apt. #, etc.

Suite C-8

Suite, Apt. #, etc.

Suite C-8

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33498

Country

USA

Zip

33498

Country

USA

6. Name and Address of Current Registered Agent

MORELLI, SHELLEY A
19481 DAKOTA CT
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name
Same

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) ☐

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 MORELLI, SHELLEY A
STREET ADDRESS 19481 DAKOTA CT
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE D
NAME MORELLI, MARTY J
STREET ADDRESS 19481 DAKOTA CT
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE D
NAME DERSNAH, MARIETTA A
STREET ADDRESS 9153 AFFIRMED LANE
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.
NAME Dersnah, Deborah M.
STREET ADDRESS 9153-affirmed lane
CITY-ST-ZIP Boca Raton, FL 33498 ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90001 021 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0838201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

1/4/01

561-458-8655