


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90977 033 ***150.00

DOCUMENT # P98000041207	
1. Entity Name BRIAN G. DEAS INC.	

DO NOT WRITE IN THIS SPACE

70035207

2. Principal Place of Business 4421 ST. ANDREWS DR.		3. Mailing Address	
Suite, Apt. #, etc. BOYNTON BEACH		Suite, Apt. #, etc.	
City & State FLORIDA		City & State	
Zip 33436	Country PALM BCH	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0834770	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BRIAN G. DEAS
Street Address (P.O. Box Number is Not Acceptable) 4421 ST. ANDREWS DR.
BOYNTON BEACH FL 33436

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 **Brian G. Deas**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 BRIAN G. DEAS, PRES. 4421 ST. ANDREWS DR. BOYNTON BEACH, FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all of my like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brian G. Deas - 4-1-03 561-734-0046

CR2E0348 (12/02)