

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90164 049 \*\*\*550.00

DOCUMENT # P98000062731

1. Entity Name  
 DEAN SERVICES, INC.

Principal Place of Business

~~3201 W. GRIFFIN ROAD SUITE 202~~  
~~FT. LAUDERDALE FL 33312~~

Mailing Address

~~3201 W. GRIFFIN ROAD SUITE 202~~  
~~FT. LAUDERDALE FL 33312~~

80133851



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*Dean Services, Inc.*  
 Suite, Apt. #, etc.  
*10032 NW 46 St.*  
 City & State  
*Sunrise, FL 33351*  
 Zip  
*33351* Country  
*USA*

3. Mailing Address

*Dean Services, Inc.*  
 Suite, Apt. #, etc.  
*10032 NW 46 St.*  
 City & State  
*Sunrise, FL*  
 Zip  
*33351* Country  
*USA*

4. FEI Number 65-0851420

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

DEAN, ROBERT S  
~~3201 W. GRIFFIN RD. SUITE 202~~  
~~FT. LAUDERDALE FL 33312~~

7. Name and Address of New Registered Agent

Name *Dean, Robert S.*  
 Street Address, P.O. Box Number is Not Applicable  
*10032 NW 46th Street*  
 City *Sunrise* FL Zip *33351*

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 *Robert S. Dean President/owner 7-2-02*  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<input type="checkbox"/> Delete
NAME	DEAN, ROBERT S	
STREET ADDRESS	6390 RALEIGH STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Robert S. Dean Pres/owner 7-2-02 634-0429*

0073362 AV

CR2E034 (4/02)