

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2001 8:00 am**  
**Secretary of State**

07-16-2001 90003 033 \*\*\*150.00

0108042 AT

**DOCUMENT # P98000098086**

1. Entity Name  
**801 DEEN STREET, INC.**

Principal Place of Business

**P.O. BOX 353160  
 PALM COAST FL 32135**

Mailing Address

**20 RYBERRY DRIVE  
 PALM COAST FL 32164**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**C**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MAELLARO, PATRICK L  
 22 ROXBORO DRIVE  
 PALM COAST FL 32164**

7. Name and Address of New Registered Agent

Name

**LEONARD MAELLARO**

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 \$550.00  
 After September 12, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MAELLARO, PATRICK L</b>	
STREET ADDRESS	<b>P.O. BOX 353160</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32135</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MAELLARO, RICHARD L</b>	
STREET ADDRESS	<b>P.O. BOX 353160</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32135</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>MAELLARO, LEONARD</b>	
STREET ADDRESS	<b>P.O. BOX 353160</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32135</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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
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: **Leonard Maellaro** 07/03/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

437-0784  
 386-437-0015

Daytime Phone #

CR2E034 (5/01)

Attachment  
DH P98000098086  
C00B468

7/10/01

To: Division of Corporations  
U.B. F. Filenop  
P.O. Box 1500  
Tallahassee, FL 32302-1500

From: 801 Deen Street, Inc  
20 Ryberry Drive  
Palm Coast FL 32164-6437

Re Document No. P 98 0000 98086

I have received a subsequent reporting form re:  
the captioned matter. My records indicate I forwarded  
the \$150.00 required payment for the annual fee on 01/07/01

However, the check has not been cashed and remain open in  
my check register. Obviously, you did not receive this  
payment. Somewhere along the way, the payment was lost.

Upon receipt of my bank statement I noted thereon that  
the check remained out standing, but failed to follow up  
to ascertain its whereabouts.

Please Consider my apology for this error. I enclose my  
check for the annual fee of \$150.00 along with the  
Completed Annual Uniform Business Report.

Sincerely,  
Edward Maellaro V  
LEONARD MAELLARO.