

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026902

1. Entity Name
DANDE CASH SYSTEMS, INC.

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

04-28-2001 90085 016 ***150.00

Principal Place of Business
11200 102ND AVENUE #157
LARGO FL 33778

Mailing Address
11200 102ND AVENUE #157
LARGO FL 33778

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3565345**
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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name **LOUISE DEAN**
Street Address (P.O. Box Number is Not Acceptable)
11200 102ND AVE, #157
City **LARGO** FL Zip Code **33778**

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 *Louise Dean* **ACTING PRESIDENT** **4/19/01**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **DEAN, LYLE E**
STREET ADDRESS **11200 102ND AVENUE #157**
CITY-ST-ZIP **LARGO FL 33778** **DECEASED**

TITLE **ACTING PRESIDENT** ☒ Change ☐ Addition
NAME **LOUISE DEAN**
STREET ADDRESS **11200 102ND AVE, #157**
CITY-ST-ZIP **LARGO, FL 33778**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR / VICE PRESIDENT** ☐ Change ☐ Addition
NAME **MEL DANCY**
STREET ADDRESS **14850 WESTON RD**
CITY-ST-ZIP **KING CITY, ON L7B 1K4**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY / TREASURER** ☒ Change ☐ Addition
NAME **LOUISE DEAN**
STREET ADDRESS **11200 102ND AVE, #157**
CITY-ST-ZIP **LARGO, FL 33778**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASSISTANT SECRETARY** ☐ Change ☐ Addition
NAME **THELMA DANCY**
STREET ADDRESS **14850 WESTON RD**
CITY-ST-ZIP **KING CITY, ON L7B 1K4**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Louise Dean* **LOUISE DEAN** **4/19/01** **727-319-6049**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)