

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90017 028 ***150.00

DOCUMENT # P99000026902

1. Entity Name
DANDE CASH SYSTEMS, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3565345**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DEAN, LOUISE
11200 102ND AVE, #157
LARGO FL 33778

7. Name and Address of New Registered Agent

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 PRESIDENT Louise Dean 04/04/02
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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DEAN, LOUISE**
STREET ADDRESS **11200 102ND AVENUE #157**
CITY-ST-ZIP **LARGO FL 33778**

TITLE **DVP** ☐ Delete
NAME **DANCY, MEL**
STREET ADDRESS **14850 WESTON RD**
CITY-ST-ZIP **KING CITY ON L78- IK4**

TITLE **TRAS.** ☐ Delete
NAME **DEAN, LOUISE**
STREET ADDRESS **11200 102ND AVE., #157**
CITY-ST-ZIP **LARGO FL 33778**

TITLE **AS ST** ☐ Delete
NAME **DANCY, THELMA**
STREET ADDRESS **14850 WESTON RD.**
CITY-ST-ZIP **KING CITY ON L78- IK4**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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 04/04/02 727-319-6049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)