

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90027 022 ***150.00

DOCUMENT # P99000080718

1. Entity Name

JOHN W. DEAN, INC.

Principal Place of Business

~~9072 ORCHID DRIVE~~
~~LARGO FL 33777~~

Mailing Address

~~9072 ORCHID DRIVE~~
~~LARGO FL 33780-0465~~

2. Principal Place of Business

141 20th AVE S.

3. Mailing Address

P.O. Box 465

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

PINELLAS PARK, FL

4. FEI Number

59-3597263

Applied For

Not Applicable

Zip

33705

Country

USA

Zip

33780

Country

USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

141 20th AVE S.

City

ST. PETERSBURG

FL

Zip Code

33705

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

JOHN W. DEAN

3-21-00

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, 2000 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **DEAN, JOHN W**
 CITY-ST-ZIP **9072 ORCHID DRIVE**
LARGO FL 33777

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **DEAN, JOHN W.**
 CITY-ST-ZIP **141 20th AVE S.**
ST PETERSBURG FL 33705

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **DEAN, USA**
 CITY-ST-ZIP **9072 ORCHID DRIVE**
LARGO FL 33777

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

Date

Daytime Phone #

CR2E034 (9/99)