

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000086007**1. Entity Name  
MR. LINDSEY D. DEAN, P.A.

Principal Place of Business	Mailing Address
1630 N. FEDERAL HIGHWAY	1630 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33305	FORT LAUDERDALE FL 33305

2. Principal Place of Business  
1290 EAST OAKLAND PARK BLVD.3. Mailing Address  
5700 NE 22ND WAYSuite, Apt. #, etc.  
STE. 100Suite, Apt. #, etc.  
#329City & State  
FORT LAUDERDALE FLCity & State  
FORT LAUDERDALE FLZip Country  
33334 USZip Country  
33308 US4. FEI Number  
**65-0964448**Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**DEAN LINDSEY DESQ.  
1630 N. FEDERAL HIGHWAY  
  
FORT LAUDERDALE FL 33305**7. Name and Address of New Registered Agent**Name  
DEAN LINDSEY DESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
5700 NE 22ND WAY  
#329  
City  
FORT LAUDERDALE FL Zip Code  
33308

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 **LINDSEY D. DEAN, ESQ.****04/28/2001**

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**

TITLE	P	<input type="checkbox"/> Delete
NAME	DEAN LINDSEY DP,T,S	
STREET ADDRESS	1630 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	

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	

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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN LINDSEY DP,T,S	
STREET ADDRESS	1290 EAST OAKLAND PARK BLVD., STE. 100	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	

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: Lindsey D. Dean**

Pres

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)