2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am S24604 DOCUMENT # **Secretary of State** 1. Entity Name 01-16-2002 90070 038 ***150.00 DERMEE ENTERPRISES, INC. Principal Place of Business Mailing Address 3330 PINES HILL TR 3330 PINES HILL TR PALM BEACH GARDEN FL 33418 PALM BEACH GARDEN FL 33418 _115__ U3- 2. Principal Place of Business 3. Mailing Address bus. same as Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-1925088 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DERMEE, PATRICK # 110 -9330 PINE HILL TRAIL PALM BEACH GARDEN FL 33418 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition DERMEE, PATRICK NAME NAME 3330 PINE HILL TRAIL STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIF CITY-ST-ZIP TITLE VDS ☐ Delete TITLE ☐ Change Addition NAME DERMEE. MARIE-JOSE NAME STREET ADDRESS 3330 PINE HILL TRAIL STREET ADDRESS PALM BEACH GARDEN FL 33418 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition DERMEE, PATRICK NAME NAME STREET ADDRESS STREET ADDRESS 3330 PINE HILL TRAIL PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP 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.

FILED