

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

0476030 AV

DOCUMENT # **V52020**

1. Entity Name
DEAN MICHAEL ASSOCIATES, INC.



Principal Place of Business
**3915 13TH WAY N.E.
ST PETERSBURG FL 33703**

Mailing Address
**3915 13TH WAY N.E.
ST PETERSBURG FL 33703**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

801 BUNKER VIEW DR.

Suite, Apt. #, etc.

3. Mailing Address

801 BUNKER VIEW DR.

Suite, Apt. #, etc.

City & State

APOLLO BEACH FL

City & State

APOLLO BEACH FL

4. FEI Number

59-3136456

Applied For

Not Applicable

Zip

Country

33572 ALLSBOROUGH

Zip

Country

33572 HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DENEGRI, DEAN MICHAEL
3915 13TH WAY N.E.
ST PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

**DEAN MICHAEL DENEGRI
801 BUNKER VIEW DR**

APOLLO BEACH

FL

33572

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dean Denegri (Pres)

4/8/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DENEGRI, DEAN MICHAEL**
STREET ADDRESS **3915 13TH WAY NE**
CITY-ST-ZIP **ST PETERSBURG FL 33703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **DEAN MICHAEL DENEGRI**
STREET ADDRESS **801 BUNKER VIEW DR.**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

Date

813-645-9833

Daytime Phone #

CR2E034 (10/02)