

DEPOSIT DATE

5 07 NOV 1 9 2004

041329

CK # 1817

CK \$ 100.00

11-17-04

RT

ORIGINAL

1. Name of company or name of individual (not fictitious name or d/b/a):
DEAN NEWELL

2. Name under which applicant will do business (fictitious name, etc.):
AS ABOVE.

3. Official mailing address:

Street: 615 BAYSIDE DR

P.O. Box:

City: TARPON SPRINGS

State: FL Zip: 34689

4. Florida address: AS ABOVE

Street:

P.O. Box:

City:

State: Zip:

5. Structure of organization:

() Individual

() Corporation

() General Partnership

() Limited Partnership

() Other:

CMP _____

COM _____

CTR _____

ECR _____

GCL 6. _____

OPC _____

MMS _____

RCA _____

SCR _____

SEC _____

OTH _____

If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State
Corporate Registration Number: N/A.

COMMISSION
CLERK

NOV 18 PM 3:55

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Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
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