

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90935 036 ***150.00

DOCUMENT # G63332

1. Entity Name

THE DIKMAN COMPANY, INC.

Principal Place of Business

Mailing Address

300 HYDE PARK AVENUE
 P O BOX 23488
 TAMPA FL 33623-0488

300 HYDE PARK AVENUE
 P O BOX 23488
 TAMPA FL 33623-3488
 US

2. Principal Place of Business

3. Mailing Address

1315 South Howard Ave.

1315 South Howard Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P O Box 23488

P O Box 23488

City & State

City & State

Tampa, FL

Tampa FL

Zip

Country

Zip

Country

33623-3488

33623-3488

4. FEI Number

59-2329425

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIKMAN, ROBERT J.
300 HYDE PK AVE
TAMPA FL 33606

Name **Dikman, Robert J.**

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

1315 South Howard Avenue

City Tampa

FL

Zip Code 33606

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.

Robert J. Dikman

(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	CST	<input type="checkbox"/> Delete
NAME	DIKMAN, ROBERT J.	
STREET ADDRESS	300 HYDE PK AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIKMAN, ROBERT J.	
STREET ADDRESS	300 HYDE PK AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARDIN, JANE LESLIE	
STREET ADDRESS	300 HYDE PARK AVENUE	
CITY-ST-ZIP	TAMPA FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1315 South Howard Avenue	
CITY-ST-ZIP	Tampa FL 33606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1315 South Howard Avenue	
CITY-ST-ZIP	Tampa FL 33606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1315 South Howard Avenue	
CITY-ST-ZIP	Tampa FL 33606	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Dikman

4/26/00

4/26/00

Daytime Phone #

813-251-5288

CR2E034 (9/99)