

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G63332

1. Entity Name

THE DIKMAN COMPANY, INC.

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

05-17-2000 90935 036 \*\*\*150.00

Principal Place of Business 300 HYDE PARK AVENUE P O BOX 23488 TAMPA FL 33623-0488	Mailing Address 300 HYDE PARK AVENUE P O BOX 23488 TAMPA FL 33623-3488 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1315 South Howard Ave.	3. Mailing Address 1315 South Howard Ave.
Suite, Apt. #, etc. P O Box 23488	Suite, Apt. #, etc. P O Box 23488
City & State Tampa, FL	City & State Tampa FL
Zip 33623-3488	Country US

4. FEI Number 59-2329425	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIKMAN, ROBERT J. 300 HYDE PK AVE TAMPA FL 33606	7. Name and Address of New Registered Agent Name Dikman, Robert J. Street Address (P.O. Box Number is Not Acceptable) 1315 South Howard Avenue City Tampa FL Zip Code 33606
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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 Robert J. Dikman DATE 4/20/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST DIKMAN, ROBERT J. 300 HYDE PK AVE TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXChange <input type="checkbox"/> Addition 1315 South Howard Avenue Tampa FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIKMAN, ROBERT J. 300 HYDE PK AVE TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXChange <input type="checkbox"/> Addition 1315 South Howard Avenue Tampa FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDIN, JANE LESLIE 300 HYDE PARK AVENUE TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXChange <input type="checkbox"/> Addition 1315 South Howard Avenue Tampa FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE 4/26/00 Daytime Phone # 813-251-5288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)