## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

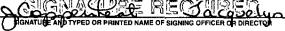
## L84086 **DOCUMENT #**



2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # L84086						FILED Apr 16, 2003 8:00 am Secretary of State			
1. Entity Nam	DIL CORPORATION					04-16-2003 90149	002 ***150.	00	AV
Principal Place of Business  2865 EXECUTIVE DRIVE C/O COPPERWHEAT. JACQUELYN CLEARWATER FL 33762 US  2. Principal Place of Business		Mailing Address 2865 EXECUTIVE DRIVE C/O COPPERWHEAT. JACQUELYN CLEARWATER FL 33762 US							
2. Principal F	Place of Business	3. Mailing Address			}	( 125)   10   10   10   10   10   10   10   1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAK	ING CHANGES		
City & State		City & State			<b>4</b> . F	El Number <b>59-3017760</b>	<del>   - </del> -	plied For t Applicable	}
Zip	Country	Zip	Coun	try	5. 0	Certificate of Status Desired	\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent			7. N	lame and Address of New Register	· <del> </del>		1
DICE MAI	DTIN CDDAI	and Supergreen, who consider the second of the second	•	- Name	•		<b>*</b> ,		
333 THIRE	rtin errol D ave n.			Street Address (F	P.O. Bo	ox Number is Not Acceptable)			}
SUITE 235	· ·					,		.,,,	
ST PETER	ISBURG FL 33701			City	·	<u> </u>	Zip Code	9	1
	named entity submits this statement fortions of registered agent.	r the purpose of changing its	s registere	ed office or registere	ed age	ent, or both, in the State of Florida. 1	am familiar with,	and accept	
SIGNATURE .	<u> </u>	· · · · · · · · · · · · · · · · · · ·							
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	FE: Registered	J Agent signature required	when rei	instating) DA	TE		-
· After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	f State				<ol><li>Election Campaign Financing Trust Fund Contribution.</li></ol>		<b>0</b> May Be to Fees	
10.	OFFICERS AND		11.		l ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11	-
TITLE NAME STREET ADDRESS	D RISSER, P. N. III 2865 EXECUTIVE DRIVE	☐ Delete		ET ADDRESS			Change	Addition	34 (10/02)
CITY-ST-ZIP TITLE	CLEARWATER FL V	☐ Delete	TITLE	-ST-ZIP	-		☐ Change	·	CR2E00
NAME STREET ADDRESS CITY-ST-ZIP	MITCHELL, BRUCE 2865 EXECUTIVE DRIVE CLEARWATER FL	- Delete	NAME STREE	- 1				Auditor	ō
TITLE	S	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	COPPERWHEAT, JACQUELYN 2865 EXECUTIVE DRIVE CLEARWATER FL	the second of th	STRE	ET ADDRESS ST-ZIP	ے". <sup>ب</sup> ے	e and marketing of the control of th	-,		!
TITLE NAME STREET ADDRESS	P KATCHUK, KERRY 2865 EXECUTIVE DRIVE	☐ Delete		ET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE	CLEARWATER FL	☐ Delete	CITY-	ST-ZIP			☐ Change	Addition	-
NAME STREET ADORESS CITY-ST-ZIP	PELLEGRINO, DAVID 2865 EXECUTIVE DRIVE CLEARWATER FL 33762	Delete	NAME STREE	ľ			□ Onange	C Addition	,   
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1			☐ Change	Addition	

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: \_



(127<u>) 5</u>73-4000