## <sup>\*</sup> 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000018581 1. Entity Name DI ACK CHIDDENDALES INC

## FILED May 16, 2001 8:00 am Secretary of State 05-16-2001 90373 044 \*\*\*150.00

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Act Fee Require  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  RINGER, HOWARD E JR 4799 N. PINE HILLS RD., #202  ORLANDO FL 32808  City FL Zip Coc  8. The above named entity submits this state of Florida.  SIGNATURE  Signature promite name of registered agent and title if top folia.  (NOTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its intangible  FILE NOW!!! FEE IS \$150.00  10. Election Campaign Financing \$5.0	BLAUK	CHIPPENDALES, INC.	•			00 10 2001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	150.	
SURP. Apt. #, etc.  City & State  City & Sta	1799 N. PINE 1	HILLS RD #202	4799 N. PINE HIL	4799 N. PINE HILLS RD #202					
City & Stato  City & Stato  Country  City  FL  City  City  FL  City  City  FL  City  FL  City  FL  City  City  FL  City  City  FL  City  Cit	2. Principal F	Place of Business	3. Mailing Addre	ess					
Zip Country Zip Country 5, Certificate of Status Desired \$8.75 Act Fee Prequired  6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent Name  RINGER, HOWARD E JR 4799 N. PINE HILLS RD., #202 ORLANDO FL 32808  City FL Zip Cod  8. The above named entity submits the fee purposes of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Spanishman entity frame of registered agent at too of Certificate of Market Address (P.O. Box Number is Not Acceptable)  9. This corporation is eligible to satisfy its intangible Task filing recurrence and elects to do so and After MAY 1, 2001 Fee will be \$559.00  After MAY 1, 2001 Fee will be \$559.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. Certificate of Status Desired Agent  16. Election Campaign Financing Trust Fund Contribution.  Address Agent Address Corp. \$1.2.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. Election Campaign Financing Trust Fund Contribution.  17. OFFICERS AND DIRECTORS  18. The Box Address Corp. \$1.2.  18. The Box Address Corp. \$1.2.  19. The Box Address Corp. \$1	Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		DO NOT WRI	TE IN THIS SI	PACE	
S. Certificate of Status Deserred   Fee Requirement   Fee Requirem	City & State		City & State	City & State		, FEI Number			oplied For
RINGER, HOWARD E JR 4799 N. PINE HILLS RD., \$202 ORLANDO FL 32808  City FL Zip Cod  8. The above named entity submits the day read for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  9. This corporation is eligible to satisfy its imangible Tax filing requirement and elects to do so.  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. STREET ADDRESS  15. STREET	Zip	Country	Zip	Country	5.	. Certificate of Status Desired	□ <b>\$</b>	8.75 Add	litional
RINGER, HOWARD E JR 4799 N. PINE HILLS RD., #202 ORLANDO FL 32808  City FL Zip Cod  City FL		6. Name and Address of	of Current Registered Agent			Name and Address of New F	Registered A	jent	
B. The above named entity submits the day present to the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE    Signature   Signat	4799	N. PINE HILLS RD., #20	02			Box Number is Not Acceptable	e)		
8. The above named entity submits the day proof of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  ITTLE  BURNAME  PRINGER, HOWARD E JR  4759 N. PINE HILLS RD., #202  ORLANDO FL 32808  ITTLE  MAME  SIREET ADDRESS  CITY-ST-2P  ITTLE  Change				(	City		FI	Zip Code	9
TITLE NAME NAME AT THE TADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE O Change	9. This corpo	pration is eligible to satisfy its requirement and elects to do	Intangible FIL so. After M	E NOW!!! FEE IS IAY 1, 2001 Fee wil	\$150.00 I be \$550.00 intment of State	10. Election Campaign Fin Trust Fund Contributio	nancing on.	Added	<b>0</b> May Be to Fees
RINGER, HOWARD E JR 4799 N. PINE HILLS RD., #202 ORLANDO FL 32808  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP	11.				A	DDITIONS/CHANGES TO OFF			
TITLE NAME NAME SIRET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME C Change	name Street address	RINGER, HOWARD E JF 4799 N. PINE HILLS RD	R	NAME STREET A	l .			) Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-S	name Street address			; NAME STREET A	i			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE CTANGE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE CTANGE	NAME Street address		<b></b> □ Di	NAME Street al			[	Change	Addition
NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change	NAME STREET ADDRESS		□ Di	NAME STREET AL	[			Change	Addition
— - · · · ·	NAME STREET ADDRESS		□ D <sub>1</sub>	NAME STREET AU			1	Change	Addition
STREET ADDRESS CITY-ST-ZIP , CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP		De	NAME STREET AU	1		[	Change	☐ Addition

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 suppremental report is true and currate 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 a other like empowered.

SIGNATURE: