

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


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90215 044 ***150.00

0536767 AV

DOCUMENT # P96000020173

1. Entity Name
DASH GROUP, INC.



Principal Place of Business
PO BOX 3219
NAPLES FL 34106-3229

Mailing Address
P.O. BOX 3219
NAPLES FL 34106-3229



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
COX, JOE B
% COX & NICI
3001 TAMiami TRAIL NORTH STE 100
NAPLES FL 34103

7. Name and Address of New Registered Agent
James R. Nici, c/o Cox & Nici
1185 Immokalee Road, Suite 110
Naples, FL 34110
Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *James R. Nici* (NOTE: Registered Agent signature required when reinstating.) DATE: **3/13/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	STOREY, JANET	
STREET ADDRESS	695 16TH AVENUE SOUTH	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	DP	<input type="checkbox"/> Delete
NAME	AKINS, ERIK	
STREET ADDRESS	695 16TH AVENUE SOUTH	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALLER, MICHAEL	
STREET ADDRESS	695 16TH AVENUE SOUTH	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAUCKER, CARL	
STREET ADDRESS	695 16TH AVENUE SOUTH	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 line empowered.

SIGNATURE: *ERIK W. AKINS* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **2-14-03** DAYTIME PHONE #

CR2E034 (10/02)