2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 28, 2000 8:00 am Secretary of State DOCUMENT # **P96000073482** DISABLED DEALER ENTERPRISES INC. 01-28-2000 90084 021 ***150.00 Mailing Address Principal Place of Business 426 Island Cay 6706 N RIVER-BLVD /UUU N NEBRASKA TAMPA FL 33572-2658 OUGITOOG TAMPA FL 33572 3. Mailing Addres 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3400019 Not Applicable Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, STELLA Street Address (P.O. Box Number is Not Acceptable) 426 Island Cay Wy Apollo Beach,71. 6706 N-RIVER BLVD TAMPA FL\33572 Zip Code FL its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change : ☐ Addition □ Delete O'RIORDAN, OLIVER NAME STREET ADDRESS 6706 N RIVER BLVD STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP pa, 71. 33404 TAMPA FL ■ Addition ST ☐ Delete TITLE TITLE SMITH. ROBERT NAME NAME 426 Island Cay Wy. STREET ADDRESS 6706 N RIVER BLVD STREET ADDRESS Apollo Beach, 71.33572 CITY-<u>ST-Z</u>IP TAMPA FL........ CITY-ST-ZIP **EPV** Addition ☐ Delete TITLE TITLE SMITH, STELLA NAME NAME STREET ADDRESS STREET ADDRESS 6706 N RIVER BLVD CITY-ST-ZIP Apollo Beach, 71 CITY-ST-ZIE TAMPA FL **VPCD** Addition TITLE ☐ Delete TITLE CARPENTER, DALE NAME NAME 2006 LATHAM ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SIMI VALLEY CA ☐ Change Addition **VPCR** ☐ Delete TITLE TITLE CARPENTER, JOAN NAME NAME 2006 LATHAM ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SIMI VALLEY CA CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE Date

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