

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90321 004 \*\*\*150.00

**DOCUMENT # P96000073482**

1. Entity Name

**DISABLED DEALER ENTERPRISES INC.**

Principal Place of Business

426 ISLAND CAY WY  
 APOLLO BEACH FL 33572  
 US

Mailing Address

426 ISLAND CAY WY  
 APOLLO BEACH FL 33572  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3400019**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, STELLA**  
**426 ISLAND CAY WY**  
**APOLLO BEACH FL 33572**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	O'RIORDAN, OLIVER	
STREET ADDRESS	7000 N NEBRASKA AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT	
STREET ADDRESS	426 ISLAND CAY WY	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	EPV	<input type="checkbox"/> Delete
NAME	SMITH, STELLA	
STREET ADDRESS	426 ISLAND CAY WY	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	VPCD	<input type="checkbox"/> Delete
NAME	CARPENTER, DALE	
STREET ADDRESS	2006 LATHAM ST	
CITY-ST-ZIP	SIMI VALLEY CA	
TITLE	VPCR	<input type="checkbox"/> Delete
NAME	CARPENTER, JOAN	
STREET ADDRESS	2006 LATHAM ST.	
CITY-ST-ZIP	SIMI VALLEY CA	
TITLE		<input type="checkbox"/> Delete
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
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
NAME		
STREET ADDRESS		
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:** Stella M. Smith VP Stella M. Smith 1-25-01 649-1334  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)