

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070188

1. Entity Name
DIRIGISTE FLORIDA, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90098 002 ***150.00

Principal Place of Business Mailing Address
8789 LAPALMA LANE **8789 LAPALMA LANE**
NAPLES FL 34108 **NAPLES FL 34108-7755**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1270 Waggle Way *1270 Waggle Way*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Naples Florida *Naples Florida*
Zip Country Zip Country
34108 USA *34108 USA*

4. FEI Number Applied For
59-3466828 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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 *Michael Wynn CFO* DATE *4-18-00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 <input type="checkbox"/> Delete DENOMME, THOMAS K 8789 LAPALMA LANE NAPLES FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 <input type="checkbox"/> Delete ADLER, RICHARD H 5325 EASTSIDE ROAD HEALDSBURG CA 95448-9419
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Denomme, Thomas K.</i> <i>1270 Waggle Way</i> <i>Naples, FL 34108</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Michael Wynn CFO* DATE *4-18-00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)