## FILED Feb 11, 2002 8:00 am **Secretary of State**

02-11-2002 90159 040 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

59-1417410

## 2002 UNIFORM BUSINESS REPORT (UBR)

408507

DOCUMENT # 1. Entity Name

DEWITT ADVERTISING, INC.

Principal Place of Business

2130 W. BRANDON BLVD

SUITE 104

BRANDON FL 33511 US

Zip

2. Principal Place of Business

LINDS, DOLPH

**404 VAN REED MANOR** 

**BRANDON FL 33511** 

(See criteria on back)

Suite, Apt. #, etc.

City & State

6. Name and Address of Current Registered Agent

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.

Mailing Address 2130 W. BRANDON BLVD

BRANDON FL 33511

3. Mailing Address

City & State

Suite, Apt. #, etc.

SUITE 104

Country

4. FEI Number

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable) <u>2212 Lake Bay Way</u>

Linda Dolph

(NOTE: Registered Agent signature required when reinstating)

Name

Brandon

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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

Applied For

\$8.75 Additional

33511

Fee Required

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PDST ☐ Addition **PDST** ☐ Delete TITLE TITLE BECKETT, LINDA R Dolph, Linda R NAME STREET ADDRESS **404 VAN REED MANOR** STREET ADDRESS 2212 Lake Bay Way **BRANDON FL 33511** CITY-ST-ZIP CITY-ST-7IP Brandon, FL 33511 Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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:

(9/01) CR2E034