

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90194 036 \*\*\*150.00

DOCUMENT # 449612

1. Entity Name

D.C. DIOUS SPECIALTY CO., INC.

Principal Place of Business

502 E CHANNEL SIDE DR  
TAMPA FL 33602  
US

Mailing Address

P.O. BOX 1363  
TAMPA FL 33601  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 17285

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

Zip

Country

Zip

Country

33672-0185

U.S.A.

4. FEI Number 59-1536446

Applied For

Not Applicable

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

GIBBONS TUCKER SMITH MILLER WHATLEY & STEIN  
SUITE 1000 BARNETT PLAZA  
101 E. KENNEDY BLVD.  
TAMPA FL 33602

Name

PERRY MICHAEL CUETO  
Street Address (P.O. Box Number is Not Acceptable)  
502 E. CHANNELSIDE DR

City

TAMPA

FL

Zip Code

33602

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

Perry Michael Cueto Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-01

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 VTS  
NAME DIOUS, DAVID C III  
STREET ADDRESS 33316 DARBY TR  
CITY-ST-ZIP DADE CITY FL 33523 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME CUETO, PERRY MICHAEL  
STREET ADDRESS 502 E CHANNEL SIDE DRIVE  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME DIOUS, DAVID C. III  
STREET ADDRESS 33316 DARBY TR  
CITY-ST-ZIP DADE CITY FL 33523 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Perry Michael Cueto Pres

Perry Michael Cueto

4-25-01

813

2298101

CR2E034 (10/00)