

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 475001

1. Entity Name
DIBBS PRODUCTS, INC.

Principal Place of Business
5812 N. 22ND ST.
TAMPA FL 33610

Mailing Address
5812 N. 22ND ST.
TAMPA FL 33610

2. Principal Place of Business
Dibbs Products, Inc.
Suite, Apt. #, etc.

3. Mailing Address
5812 N 22 Street
Suite, Apt. #, etc.

City & State
Tampa FL
Zip 33610
Country USA

City & State
City
Zip 33610
Country

4. FEI Number 59-1586447

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIBBS, STEPHEN J.
5812 N. 22ND STREET
TAMPA FL 33610

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: Julianne Dibbs Bent - Vice President
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

7/24/01
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

TITLE	P	<input type="checkbox"/> Delete
NAME	DIBBS, STEPHEN J.	
STREET ADDRESS	5812 N. 22ND ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DIBBS, LOUISE S	
STREET ADDRESS	4119 GUNN HIGHWAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DIBBS, BASSEM R	
STREET ADDRESS	5812 N. 22ND ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	Dibbs Bent, Julianne	<input type="checkbox"/> Delete
NAME	5812 N. 22 Street	
STREET ADDRESS	Tampa, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dibbs Bent, Julianne	
STREET ADDRESS	5812 N. 22 Street	
CITY-ST-ZIP	Tampa, FL	
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: Julianne Dibbs Bent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/01 238-5969
Date Daytime Phone #

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90118 001 ***150.00
07-31-2001 90118 002 ***400.00

77125



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)