

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 511379

FILED
Mar 28, 2002 8:00 AM
Secretary of State

Entity Name: ROSS, DICKMAN & JONES, INC.

Current Principal Place of Business:

33937 US 19 N
PO BOX 386
PALM HARBOR, FL 34684 US

New Principal Place of Business:

6714 MILLSTONE DR
NEW PORT RICHEY, FL 34655512 US

Current Mailing Address:

PO BOX 386
PO BOX 386
PALM HARBOR, FL 346820386 US

New Mailing Address:

6714 MILLSTONE DR
NEW PORT RICHEY, FL 34655512 US

FEI Number: 59-1688663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICHARD L. ALFORD
1550 S. HIGHLAND AVE.
CLEARWATER, FL 34616 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SDV () Delete
Name: ROSS, KARALEE,
Address: 50 ORCHARD CT.
City-St-Zip: PALM HARBOR, FL

Title: VD (X) Delete
Name: HEFFERON, WILLIAM H,
Address: 400 PLAZA DR.
City-St-Zip: BINGHAMTON, NY

Title: CPD (X) Delete
Name: ROSS, HUGH H., III,
Address: 50 ORCHARD CT.
City-St-Zip: PALM HARBOR, FL

Title: VD (X) Delete
Name: STEVENS, MARY,
Address: 30801 U.S. HWY 19, NORTH
City-St-Zip: PALM HARBOR, FL

Title: D (X) Delete
Name: ERNSTROM, CARL,
Address: 400 PLAZA DRIVE
City-St-Zip: BINGHAMTON, NY

Title: VT (X) Delete
Name: ROSS, KARALEE,
Address: 50 ORCHARD CT.
City-St-Zip: PALM HARBOR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ROSS, KARALEE,
Address: 6714 MILLSTONE DR
City-St-Zip: NEW PORT RICHEY, FL 34655512 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARALEE ROSS

PSTD

03/28/2002

Electronic Signature of Signing Officer or Director

Date