

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 521873

1. Entity Name

THOMAS M. DIGNAM, INC.

**FILED**  
Feb 18, 2000 8:00 am  
**Secretary of State**

02-18-2000 90104 001 \*\*\*600.00

Principal Place of Business

1151 LARCHMONT DRIVE  
BOX 1283  
ENGLEWOOD FL 34223-4625

Mailing Address

1151 LARCHMONT DRIVE  
BOX 1283  
ENGLEWOOD FL 34223-4625

2. Principal Place of Business

3. Mailing Address

1201 So. McCall Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD FL

Zip

Country

34223

Country

USA

4. FEI Number

59-1712943

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

DIGNAM, THOMAS M  
1151 LARCHMONT DRIVE  
ENGLEWOOD FL 33533

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	DIGNAM, THOMAS	
STREET ADDRESS	1151 LARCHMONT DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIGNAM, THOMAS	
STREET ADDRESS	1151 LARCHMONT DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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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, name or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS M. DIGNAM

Date

Daytime Phone #

2-14-00 941-474-9511