

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 521873

1. Entity Name

THOMAS M. DIGNAM, INC.

Principal Place of Business

1151 LARCHMONT DRIVE  
BOX 1283  
ENGLEWOOD FL 34223-4625

Mailing Address

1201 S MCCALL RD  
ENGLEWOOD FL 34223

2. Principal Place of Business

5206 THE POINTE

Suite, Apt. #, etc.

3. Mailing Address

5206 THE POINTE

Suite, Apt. #, etc.

City & State

ENGLEWOOD FL

City & State

ENGLEWOOD FL

Zip

34223

Country

USA

Zip

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

DIGNAM, THOMAS M  
1151 LARCHMONT DRIVE  
ENGLEWOOD FL 33533

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5206 THE POINTE

ENGLEWOOD

FL

34223

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
DIGNAM, THOMAS  
1151 LARCHMONT DRIVE  
ENGLEWOOD FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DIGNAM, THOMAS  
1151 LARCHMONT DRIVE  
ENGLEWOOD FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

FEB 2001

941-474-9511

Date

Daytime Phone #

02-FS-0001-20328-001 \*\*\*600.00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 23 PM 12:18



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)