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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am 577914 DOCUMENT # **Secretary of State** 1. Entity Name 01-31-2002 90002 016 ***150.00 DOTCO, INC. Principal Place of Business Mailing Address % DOROTHY ROSENBLUTH % DOROTHY ROSENBLUTH 10269 CYPRESS CIRCLE 10269 CYPRESS CIRCLE LARGO FL 33777 LARGO FL 33777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1828950 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENBLUTH, DOROTHY Street Address (P.O. Box Number is Not Acceptable) 4500 PLAZA WAY SAINT PETERSBURG FL 33706 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Channe Addition ROSENBLUTH, DOROTHY J NAME NAME 4500 PLAZA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33706 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME ROSENBLUTH, JAMES A. NAME 10269 CYPRESS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 ☐ Delete TITLE ☐ Change ☐ Addition ROSENBLUTH, JON E NAME STREET ADDRESS 11269 HARBORSIDE DR STREET ADDRESS CITY-ST-ZIP **LARGO FL 33773** CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

ROSENBLUTH VICE-PRES 1/14/2002 (727) 397-6678

changed, or on an attachment with an address, with all other like empowered

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