

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90006 038 ***150.00

DOCUMENT # 684400

i. Entity Name

DIANE DICKSON, P.A.

Principal Place of Business

Mailing Address

3411 Tamiami Trail N.
 Naples, FL 34102
 US

3411 Tamiami Trail N.
 Naples, FL 34102
 US

2. Principal Place of Business

600 Goodlette Rd. N.

3. Mailing Address

600 Goodlette Rd. N.

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

Naples, FL

City & State

Naples, FL

Zip

34102

Country

US

Zip

34102

Country

US

4. FEI Number

59-2015185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DICKSON, DIANE G
 3200 Binnical
 Unit H-4
 Naples, FL 34102

7. Name and Address of New Registered Agent

Name

HELEN WATSON

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

600 Goodlette Rd. N.

Suite 104

City

Naples

FL

Zip Code

34102

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

Helen Watson

Helen Watson

4/24/00

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

TITLE	PDST	<input type="checkbox"/> Delete
NAME	DICKSON, DIANE G	
STREET ADDRESS	3200 Binnacle #H4	
CITY-ST-ZIP	Naples FL 34102	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DICKSON, DIANE G	
STREET ADDRESS	3200 Binnacle #H4	
CITY-ST-ZIP	Naples FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, DIANE G	
STREET ADDRESS	3200 Binnacle #H4	
CITY-ST-ZIP	Naples FL 34102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, HELEN	
STREET ADDRESS	600 Goodlette Rd. N., #104	
CITY-ST-ZIP	Naples, FL 34102	
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:

Helen Watson

Helen Watson, Sec. 4/24/00

941-263-0829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)