

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90069 041 ***150.00

0531861

DOCUMENT # F73954

1. Entity Name

DIONNE ACCOUNTING, INC.

Principal Place of Business

% EDWARD J. DIONNE
501 N. MAIN ST.
LAKE PLACID FL 33852

Mailing Address

% PAULINE J. DIONNE
501 N. MAIN ST. P. O. BOX 721
LAKE PLACID FL 33862

2. Principal Place of Business

201 JACKSON DRIVE

3. Mailing Address

201 Jackson Drive

Suite, Apt. #, etc.

LAKE PLACID, FL.

Suite, Apt. #, etc.

Lake Placid, FL. 33852

City & State

33852 HIGHLANDS

City & State

Zip

Country

Zip

33852

Country

Highlands

4. FEI Number

59-2229693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIONNE, PAULINE
501 N. MAIN ST.
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name

Pauline B. Dionne

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

201 Jackson Drive

Lake Placid

City

FL

Zip Code
33852

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 *Pauline B. Dionne*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-01

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	PD	<input type="checkbox"/> Delete
NAME	DIONNE, PAULINE B	
STREET ADDRESS	501 N MAIN ST	
CITY-ST-ZIP	LAKE PLACID, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIONNE, JOSEPH A	
STREET ADDRESS	501 N MAIN ST	
CITY-ST-ZIP	LAKE PLACID, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DIONNE, EDWARD J	
STREET ADDRESS	501 N MAIN ST	
CITY-ST-ZIP	LAKE PLACID, FL 00000	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	201 Jackson Drive	
CITY-ST-ZIP	Lake Placid, FL. 33852	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	201 Jackson Drive	
CITY-ST-ZIP	Lake Placid, FL. 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(Deceased)	
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: *Pauline B. Dionne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pauline B. Dionne

April 24, 2001

Date

(863) # 465-5626

CR2E034 (10/00)