## **2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT#** F9900000230

1. Entity Name
DIBNEY CORPORATION

SIGNATURE:

FILED Aug 01, 2002 8:00 am Secretary of State 08-01-2002 90163 011 \*\*\*550.00

SSI YILLAGE BLVD. SUITE 905-398 WEST PALM BEACH FL 33409  2. Principal Place of Business Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & Suite.  Cit	Principal Place of Business		Mailing Address		<del>_</del>			
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S. Name and Address of Current Registered Agent   Name	Zip	Country	Zip	Country	5. Certificate of Status Desire	\$8.75 Additional	1	
BARKER, JIMMY L 931 VILLAGE BLVD, SUITE 905-398 WEST PALM BEACH FL 33409  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  9. This corporation is eligible to satisfy its intangible Tark filing requirement and elects to do so.  (See criteria on back)  Tark filing requirement and elects to do so.  (See criteria on back)  TIL  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  NAME  SIRET ADDRESS  CITY-ST-2P  TILE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  NAME  SIRET ADDRESS		6. Name and Address of Current	Registered Agent	1 ·	7. Name and Address of Ne		┥	
### Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)			<u> </u>	Name			7	
WEST PALM BEACH FL 33409    City   FL	, -			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
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. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  Symbox 5, proof or prinsed manne of registered agent agent and title if applicable.  NOTE: Registered Agent agrinarie respect when remainstrain)  DATE  9. This corporation is eligible to satisfy its Intangible Task filling requirement and elects to do so. (See centeria on back)  The corporation is eligible to satisfy its Intangible Task filling requirement and elects to do so. (See centeria on back)  THE OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  BARKER, JIMMY L  331 VILLAGE BLVD, SUITE 905-398  WEST PALM BEACH FL 33409  Delete  TITLE  MANE  STREET ADDRESS  CITY-ST-2P  TITLE  MANE  Delete  TITLE  MANE  STREET ADDRESS  CITY-ST-2P  TITLE  MANE  Delete  TITLE  MANE  STREET ADDRESS  CITY-ST-2P  TITLE  MANE  STREET ADDRESS  CITY-ST-2P  TITLE  MANE  Delete  TITLE  MANE  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Change Addition  Change	1						4	
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature System of protect name of registered agent and size if applicable (NOTE: Registered Agent agenture required when reintalizing)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  FILE NOW!!! FEE IS \$55.0.00  After September 13, 2002 Fee will be \$750.00  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Added to Fees  Trust Fund Contribution.  Change Addition  FILE NOW!!! FEE IS \$50.00  After September 13, 2002 Fee will be \$750.00  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  Change Added to Fees  Added to Fees  Added to Fees  Addition  Title  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  MAKE  STREET ADDRESS  CI	WEST PA	LM BEACH FL 33409	•	Ì				
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does not glaimly for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director product this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if like empowered.