

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90023 033 ***150.00

DOCUMENT # F99000003540

1. Entity Name

DIPOLA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**DRAKE ELM DRIVE
 FL 34744**

**340 DRAKE ELM DRIVE
 KISSIMMEE FL 34743-8412**

2. Principal Place of Business

3. Mailing Address

P.O. Box 451512

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kissimmee, FL

4. FEI Number

91-1958623

Applied For

Not Applicable

Zip

Country

Zip

Country

34744

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIPOLA, DOMINIC J
 340 DRAKE ELM DRIVE
 KISSIMMEE FL 34744**

Name

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

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

**PC
 DIPOLA, DOMINIC J
 340 DRAKE ELM DRIVE
 KISSIMMEE FL 34744**

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

**VSTD
 DIPOLA, KAREN E
 340 DRAKE ELM DRIVE
 KISSIMMEE FL 34744**

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Karen E. Dipola *Karen E. Dipola*

4/29/00

(407)891-8479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #