

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003540

1. Entity Name

DIPOLA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

340 DRAKE ELM DRIVE
KISSIMMEE FL 34744

340 DRAKE ELM DRIVE
KISSIMMEE FL 34744

2. Principal Place of Business

5575 Alligator Lk. Rd.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 451512
Suite, Apt. #, etc.

City & State

St. Cloud, FL

City & State

Kissimmee, FL

Zip

34772

Country

USA

Zip

34744

Country

USA

4. FEI Number

91-1958623

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIPOLA, DOMINIC J
340 DRAKE ELM DRIVE
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name
Dipola, Dominic J
Street Address (P.O. Box Number is Not Acceptable)
5575 Alligator Lk. Rd.
City
St. Cloud FL Zip Code
34772

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

Dominic J. Dipola

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

(NOTE: Registered Agent signature required when reinstating)

4/5/01
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, 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 | PC | <input type="checkbox"/> Delete |
| NAME | DIPOLA, DOMINIC J | |
| STREET ADDRESS | 340 DRAKE ELM DRIVE | |
| CITY-ST-ZIP | KISSIMMEE FL 34744 | |
| TITLE | VSTD | <input type="checkbox"/> Delete |
| NAME | DIPOLA, KAREN E | |
| STREET ADDRESS | 340 DRAKE ELM DRIVE | |
| CITY-ST-ZIP | KISSIMMEE FL 34744 | |
| 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 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 | |
| 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:

Karen E. Dipola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01
Date

(407) 891-8479
Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90010 017 ***158.75

601434



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0658837