2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90003 022 ***150.00

DOCUMENT # F99000005012

1. Entity Name
DICKINSON & DAAS FINANCIAL INC.

Principal Place of Business	Mailing Address
4003 MEANDERING CT ORLANDO FL 32822	4003 MEANDERING CT ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3809 BLAZING Star DR	Same
Suite, Apt. #, etc. Orlando	Suite, Apt. #, etc.
City & State OR, FLORIDA	City & State
Zip 32828 — Country Orange	Zip — Country

4. FEI Number 59-3595382 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAAS, NICK
4003 MEANDERING CT
ORLANDO FL 32822

7. Name and Address of New Registered Agent

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] — 4/16/2001
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, 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

Field	Officer 1	Officer 2	Officer 3	Officer 4	Officer 5	Officer 6
TITLE	CVS	DPT				
NAME	DAAS, NICK	DICKINSON, PATIENCE				
STREET ADDRESS	4003 MEANDERING CT	4003 MEANDERING CT				
CITY-ST-ZIP	ORLANDO FL 32822	ORLANDO FL 32822				
	☐ Delete	☐ Delete	☐ Delete	☐ Delete	☐ Delete	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Field	1	2	3	4	5	6
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition

CR2E034 (10/00)

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: [signature] — 4/16/2001 — 407-275-6495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #