

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90099 003 ***150.00

DOCUMENT # G65440

1. Entity Name
DITTMAN ENTERPRISES, INC.



Principal Place of Business

**1401 HAVEN BEND
TAMPA FL 33613
US**

Mailing Address

**1401 HAVEN BEND
TAMPA FL 33613
US**

2. Principal Place of Business

4210 Breezewood Dr

3. Mailing Address

4210 Breezewood Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zephyrhills FL

City & State

Zephyrhills FL

Zip

Country

33542 PASCO

Zip

Country

33542 PASCO

4. FEI Number

59-2341218

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DITTMAN, STEVEN G.
1401 HAVEN BEND
TAMPA FL 33613**

7. Name and Address of New Registered Agent

Name **Same**

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

4210 Breezewood Dr

City

Zephyrhills, FL

FL

Zip Code

33542

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DS** ☐ Delete
NAME **DITTMAN, STEVEN G.**
STREET ADDRESS **1401 HAVEN BEND**
CITY-ST-ZIP **TAMPA FL 33613**
4210 Breezewood Dr
Zephyrhills, FL 33542

TITLE **PD** ☐ Delete
NAME **DITTMAN, INEZ**
STREET ADDRESS **1401 HAVEN BEND**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-03 813-477-040

CR2E034 (10/02)