

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J56984

1. Entity Name
DINUNNO, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90358 033 ***150.00

Principal Place of Business
967 DOBELL TERRACE
PORT CHARLOTTE FL 33948

Mailing Address
967 DOBELL TERRACE
PORT CHARLOTTE FL 33948

2. Principal Place of Business
1200 W RETTA Esplanade
Suite, Apt. #, etc.
J-36

3. Mailing Address
23152 CHERRY AVE
Suite, Apt. #, etc.

City & State
Punta Gorda FL
Zip 33950 Country USA

City & State
Port Charlotte FL
Zip 33980 Country USA

4. FEI Number 59-2809893 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DINUNNO, CHRIS
967 DOBELL TERRACE
PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent
Name Chris Dinunno
Street Address (P.O. Box Number is Not Acceptable)
23152 CHERRY AVE
City Port Charlotte FL Zip Code 33980

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DINUNNO, CHRIS 967 DOBELL TERRACE PORT CHARLOTTE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DINUNNO, ADRIA 967 DOBELL TERRACE PORT CHARLOTTE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRIS DINUNNO 23152 CHERRY AVE PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01 941 639 7959
Date Daytime Phone #

CR2E034 (10/00)