

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90178 032 \*\*\*150.00

**DOCUMENT # K53774**

1. Entity Name

**DION REALTY, INC.**

Principal Place of Business

Mailing Address

**371 KINGSLEY DR  
 CASSELBERRY FL 32707  
 US**

**P. O. BOX 300832  
 FERN PARK FL 32730-0832  
 US**

2. Principal Place of Business

3. Mailing Address

**4173 Leafy Glade Pl**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State  
 Casselberry FL**

City & State

4. FEI Number **59-2933858**

Applied For  
 Not Applicable

**Zip 32707 Country USA**

Zip Country

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

**SECOR, DIANA  
 371 KINGSLEY DRIVE  
 CASSELBERRY FL 32707**

Name **SECOR, Diana**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4153 Leafy Glade Pl**  
 City **Casselberry** **FL** Zip Code **32707**

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, 2002 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 **D** ☐ Delete  
 NAME **SECOR, DIANA**  
 STREET ADDRESS **371 KINGSLEY DR.**  
 CITY-ST-ZIP **CASSELBERRY FL**

TITLE **D** ☒ Change ☐ Addition  
 NAME **SECOR, DIANA**  
 STREET ADDRESS **4153 Leafy Glade Pl**  
 CITY-ST-ZIP **Casselberry FL 32707**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DIANA SECOR**

**1/22/02**  
 Date

**407-331-4007**  
 Daytime Phone #

CR2E034 (9/01)