

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012865

1. Entity Name

DUSTIE CORPORATION

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90335 037 ***150.00

Principal Place of Business

1665 60TH AVENUE SOUTH
ST. PETERSBURG FL 33712

Mailing Address

1665 60TH AVENUE SOUTH
ST. PETERSBURG FL 33712

2. Principal Place of Business

30216 US HWY 19N.

3. Mailing Address

30216 US HWY 19N

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEL Number
59-2845491

Applied For
Not Applicable

Zip
33761

Country
USA

Zip
33761

Country
USA

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

6. Name and Address of Current Registered Agent

ZINSMEISTER, LAWRENCE H
1665 60TH AVENUE SOUTH
ST. PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name
Lisa Ann Spencer
Street Address (P.O. Box Number is Not Acceptable)
30216 US HWY 19N
City
Clearwater FL Zip Code
33761

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 LISA ANN SPENCER, PRES. Lisa Ann Spencer V.P. 4/17/01

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

(NOTE: Registered Agent signature required when re-registering)

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
LAWRENCE H. ZINSMEISTER
30216 US HWY 19N
Clearwater, FL 33761 Pres

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Lisa Ann Spencer
30216 US HWY 19N.
Clearwater FL 33761 V.P. ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Lisa Ann Spencer, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 813-854-2429
Date Daytime Phone #

CR2E034 (10/00)