2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # .P00000029989 1. Entity Name 04-09-2002 90068 044 ***150.00 DINKLE ENTERPRISES, INC. Principal Place of Business Mailing Address 5770 W. IRLO BRONSON MEMORIAL HWY. 8418 BERMUDA DUNES DR KISSIMMEE FL 34746 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3633202 Not Applicable Zip__ Country_, Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUNTZICKER, GEORGE J Street Address (P.O. Box Number is Not Acceptable) 8418 BERMUDA DUNES DR ORLANDO FL 32819 City 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** ☐ Delete TITLE ☐ Change Addition NAME HUNTZICKER, GEORGE J NAME STREET ADDRESS 8418 BERMUDA DUNES DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplindicated on this report or supplemental filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Bl

SIGNATURE: