

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90818 007 ***150.00

DOCUMENT # P00000049713

1. Entity Name
DIGENOVA ENTERPRISES, INC.

Principal Place of Business
350 GULF BLVD
INDIAN ROCKS BEACH FL 33785

Mailing Address
P O BOX 1116
INDIAN ROCKS BEACH FL 33785



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
The Sunflower Apt
Suite, Apt. #, etc.
Apt # 1
City & State
Treasure Island, FL
Zip
33706
Country
USA

3. Mailing Address
11605 1st St E
Suite, Apt. #, etc.
Apt # 1
City & State
Treasure Island
FLORIDA
Zip
33706
Country
USA

4. FEI Number
59-3648921

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

☒ Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent
ALAN S. CHRISTNER, JR. P.A.
350 GULF BLVD
INDIAN ROCKS BEACH FL 33785

7. Name and Address of New Registered Agent
Name Charles E. H. Beck
Street Address (P.O. Box Number is Not Acceptable)
4265 Central Avenue
City St. Petersburg FL Zip Code 33713

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 Charles E. H. Beck (NOTE: Registered Agent signature required when reinstating) DATE 4-26-01

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DIRECTOR/Pres./Sec. <input type="checkbox"/> Delete Null L. DiGenova 11605 1st St. E Apt #1 Treasure Island FL 33706	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Null L. DiGenova Null L. DiGenova President
4/26/01 727/639-7993
Date Daytime Phone #

CR2E034 (10/00)