

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082576

1. Entity Name  
DICKMAN INDUSTRIES, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90181 024 \*\*\*150.00

Principal Place of Business

8764 KENWOOD ROAD  
LARGO FL 33777

Mailing Address

8764 KENWOOD ROAD  
LARGO FL 33777

2. Principal Place of Business

2101 STARKEY ROAD

Suite, Apt. #, etc.

UNIT M1.

3. Mailing Address

2101 STARKEY ROAD

Suite, Apt. #, etc.

UNIT M1

City & State

LARGO FLORIDA

City & State

LARGO FLORIDA

4. FEI Number

59-3673158

Applied For

Not Applicable

Zip

33771-5352

Country

U.S.A

Zip

33771-5352

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 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	PD	<input type="checkbox"/> Delete
NAME	DICKMAN, ROBERT S	
STREET ADDRESS	8764 KENWOOD ROAD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCKENNA, KEVIN R	
STREET ADDRESS	8764 KENWOOD ROAD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOSELEY, JOHN S	
STREET ADDRESS	8764 KENWOOD ROAD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/01 (727) 538-2888  
Date Daytime Phone #

CR2E034 (10/00)