

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000108609**

1. Entity Name

**DICE "N" STUFF, INC.****FILED****Mar 08, 2001 8:00 am  
Secretary of State**

03-08-2001 90081 036 \*\*\*150.00

Principal Place of Business

**2930 SE 8TH AVENUE  
CAPE CORAL FL 33904**

Mailing Address

**2930 SE 8TH AVENUE  
CAPE CORAL FL 33904****00022864**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1020 Pine Island Rd**

3. Mailing Address

**1020 Pine Island Rd**

Suite, Apt. #, etc.

**Unit 303**

Suite, Apt. #, etc.

**Unit 303**

City &amp; State

**CAPE CORAL FL.**

City &amp; State

**CAPE CORAL FL.**

4. FEI Number

**65-1066926**

Applied For

Not Applicable

Zip

**33909**

Country

**USA**

Zip

**33909**

Country

**USA**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

**WOOD, DIANE M  
2930 SE 8TH AVENUE  
CAPE CORAL FL 33904**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>D</b>	
STREET ADDRESS <b>WOOD, DIANE M</b>	
CITY-ST-ZIP <b>2930 SE 8TH AVENUE CAPE CORAL FL 33904</b>	

TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WOOD, JOHN D.</b>	
STREET ADDRESS <b>2930 SE 8TH AVE</b>	
CITY-ST-ZIP <b>CAPE CORAL, FL 33904</b>	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
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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:

**Diane M Wood**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2-21-01**  
Date**941-772-2834**  
Daytime Phone #

CR2E034 (10/00)