

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91192 011 ***150.00

DOCUMENT # P01000023349

1. Entity Name

DIMAGI, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14114 WINSLOW PL

Suite, Apt. #, etc.

3. Mailing Address

14114 WINSLOW PL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL

Zip
33624

Country

City & State
TAMPA, FL

Zip
33624

Country

4. FEI Number

59-3707764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CALDERON, DISRAELI C.

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

14114 WINSLOW PL

City TAMPA

FL

Zip Code
33624

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) ☐

January 1st - May 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$61.25

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	P CALDERON, DISRAELI C. 14114 WINSLOW PL TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CALDERON, MARIA T. 14114 WINSLOW PL TAMPA, FL 33624
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DISRAELI CALDERON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02 (813) 961-5373