

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90029 032 ***150.00

DOCUMENT # P01000026686

1. Entity Name

DILTON MARSH ENTERPRISES, INC.

Principal Place of Business

**243 W. PARK AVE STE 201
 WINTER PARK FL 32789**

Mailing Address

**243 W. PARK AVE STE 201
 WINTER PARK FL 32789**

2. Principal Place of Business

8445 INTERNATIONAL DRIVE

3. Mailing Address

8445 INTERNATIONAL DRIVE

Suite, Apt. #, etc.

109

Suite, Apt. #, etc.

109

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number

59-3712992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

DAVIS, MALCOLM

**8445 INTERNATIONAL DRIVE
 ORLANDO FL 32819**

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, 2002 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 **DPT** ☐ Delete
 NAME **DAVIS, MALCOLM**
 STREET ADDRESS **138 BRADLEY RD.**
 CITY-ST-ZIP **TROWBRIDGE, WILTSHIRE BA14 -ORG**

TITLE **DVS** ☐ Delete
 NAME **DUIGNAN, ELIZABETH**
 STREET ADDRESS **138 BRADLEY RD.**
 CITY-ST-ZIP **TROWBRIDGE, WILTSHIRE BA14 -ORG**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 OF MALCOLM DAVIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12TH APRIL 2002
 Date

407 354 1296
 Daytime Phone #

CR2E034 (9/01)