

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90288 003 ***150.00

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1. Entity Name
DIDUMINDER CORPORATION



Principal Place of Business
**1162 PELICAN CRESCENT
PALM CITY FL 34990**

Mailing Address
**1162 PELICAN CRESCENT
PALM CITY FL 34990**

2. Principal Place of Business

5046 S. FEDERAL HWY

3. Mailing Address

5046 S. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
STUART, FL

City & State
STUART, FL

4. FEI Number
65-1159134

Applied For
☐ Not Applicable

Zip
34997

Country
MARTIN

Zip
34997

Country
MARTIN

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

6. Name and Address of Current Registered Agent

**MIRKIN, MARK H ESQ
1700 PALM BEACH LAKES BLVD #580
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **MIRKIN, MARK H ESQ**
Street Address (P.O. Box Number is Not Acceptable)
**7777 N. MILITARY TRAIL
SUITE 3014
PALM BEACH GARDENS FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JAMES OSBERG**

4/20/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **OSBERG, JAMES A**
STREET ADDRESS **1162 PELICAN CRESCENT**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ Delete
NAME **FRANCHI, JOSEPH**
STREET ADDRESS **5042 SE FEDERAL HWY**
CITY-ST-ZIP **STUART-FL 34997**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Change ☐ Addition
NAME **OSBERG, JAMES A**
STREET ADDRESS **2600 S. KANNER HWY C-2**
CITY-ST-ZIP **STUART, FL 34994**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES OSBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/03

772-219-3266

CR2E034 (10/02)