## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 20, 2002 8:00 am & Secretary of State P01000069731 DOCUMENT # 1. Entity Name 05-20-2002 90108 050 \*\*\*150.00 DILWORTH ENTERPRISES, INCORPORATED Principal Place of Business Mailing Address 379 - 47TH AVENUE NORTH 379 - 47TH AVENUE NORTH R0106393 APARTMENT #102 APARTMENT #102 SANIT PETERSBURG FL 33703 SANIT PETERSBURG FL 33703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required \_. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DILWORTH, GABRIEL Street Address (P.O. Box Number is Not Acceptable) 379 - 47TH AVENUE NORTH APARTMENT #102 SANIT PETERSBURG FL 33703 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. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete Change ☐ Addition NAME DILWORTH, GABRIEL NAME STREET ADDRESS 379 - 47TH AVENUE NORTH STREET-ADDRESS SANIT PETERSBURG FL 33703 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DILWORTH, KEONY JOHNSON NAME NAME STREET ADDRESS 379 - 47TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP SANIT PETERSBURG FL 33703 CITY-ST-ZIP TITLE Delete - ... TITLE \_ ☐ Change ☐ Addition NAME SESLER, LINDA L NAME STREET ADDRESS 5916 - 5TH AVENUE NORTH, #B3 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33710 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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.

FILED