

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0148412 AV

DOCUMENT # .P01000072479

1. Entity Name

DILSON ENTERPRISES, INC.

03-31-2002 90354 016 ***150.00

Principal Place of Business

C/O ENGELBERG, CANTOR & MILGRIM, P.L.
3230 STIRLING RD., STE. 1
HOLLYWOOD FL 33021

Mailing Address

C/O ENGELBERG, CANTOR & MILGRIM, P.L.
3230 STIRLING RD., STE. 1
HOLLYWOOD FL 33021

00033986



2. Principal Place of Business

C/O Engelberg & Milgrim, P.L.

3. Mailing Address

C/O Engelberg & Milgrim, P.L.

Suite, Apt. #, etc.

3230 Stirling Rd., Suite 1

Suite, Apt. #, etc.

3230 Stirling Rd., Suite 1

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

65-1123956

Applied For

Not Applicable

Zip
33021

Country
USA

Zip
33021

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ENGELBERG, MORRIS

C/O ENGELBERG, CANTOR & MILGRIM, P.L.

3230 STIRLING RD., STE. 1

HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Engelberg, Morris Esq.

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

C/O Engelberg & Milgrim, P.L.

3230 Stirling Rd., Suite 1

City

Hollywood

FL

Zip Code
33021

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 (if title is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

01/29/02

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
DILSON, JEFFREY
3230 STIRLING RD., STE. 1
HOLLYWOOD FL 33021 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/02

CR2E034 (9/01)