FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

[redacted]
08-02-2004 90009 018 ***150.00
P01000080398

FILED
04 AUG 20 AM 10: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54066183

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000080398

1. Entity Name
Dino Enterprises,Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1310 N. Orlando Ave		9632 Loblolly Pine Circle	
Suite, Apt. #, etc. Hwy-17-92		Suite, Apt. #, etc.	
City & State Winter Park, Florida		City & State Orlando Florida	
Zip 32789	Country USA	Zip 32827	Country USA

4. FEI Number 65-1130070 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent
Name Jerrad P. Jasper
Street Address (P.O. Box Number is Not Acceptable)
9632 Loblolly Pine Circle
City Orlando FL Zip Code 32827

DO NOT WRITE IN THIS SPACE

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 [signature] 7/22/04
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered agent signature required when reinstating — DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/Treasurer- Jerrad P. Jasper 9632 Loblolly Pine Circle Orlando Florida 32827
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Secretary- Rosalinda Jasper 9632 Loblolly Pine Circle Orlando Florida 32827
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]

[redacted]

DO NOT WRITE IN THIS SPACE

000040776160
09/02/04--01032--010 **400.00

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

SIGNATURE: [signature] 7/22/04 407-622-2899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #