

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 27 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-010000080398-

1. Entity Name

DINO ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1310 N. ORLANDO AVE

3. Mailing Address

9632 LOBLOLLY PINE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT

City & State

WINTER PARK, FL

City & State

ORLANDO, FL

4. FEI Number

05-1130070

Applied For

Not Applicable

Zip

32789

Country

ORANGE

Zip

32827

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JERRAD P. JASPER

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

9632 LOBLOLLY PINE CIR

City

ORLANDO

FL

Zip Code
32827

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JERRAD P. JASPER
PRESIDENT

10/19/03

January 1 - May, 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

JERRAD P. JASPER, PRESIDENT
9632 LOBLOLLY PINE CIR
ORLANDO FL 32827

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/03 (407) 622-2299

Date

Daytime Phone #

CR2E034B (12/02)



Department of State
Division of Corporations
PO BO 1500
Tallahassee, Florida 32302-1500

RE: P-010000080398
Dino Enterprises, Inc.

To Whom It May Concern:

Please except the attached Uniform Business Report on behalf of Dino Enterprises, Inc. We re-located the business in November of 2002 and did not receive the necessary forms required to meet your deadlines. In fact, our Accountant who was ultimately responsible for this task abandoned his job and did not complete a number of financial responsibilities. All of which has created devastating effects on our business.

Our Correct Address is:
9632 Loblolly Pine Circle
Orlando, Florida 32827

Physical Address:
1310 N. Orlando Ave
Winter Park, Florida 32789

Thanks you in advance for your cooperation.

Professionally,


Jerrad P. Jasper
President