

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90016 035 ***150.00

DOCUMENT # P01000107534

1. Entity Name

DAN DENNIS DOT COM, INC.

Principal Place of Business

**116 14TH AVENUE NORTHEAST
 ST. PETERSBURG FL 33701**

Mailing Address

**P.O. BOX 76476
 ST. PETERSBURG FL 33734-6476**

2. Principal Place of Business

116 14TH AVE NE

3. Mailing Address

PO BOX 76476

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

Zip **33701**

Country **USA**

Zip **33734-6476**

Country **USA**

4. FEI Number

01-0560131

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PUNZAK, DAVID R ESQ.
 200 CENTRAL AVENUE, SUITE 2000
 ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** ☐ Delete
 NAME **DENNIS, DANIEL J JR.**
 STREET ADDRESS **116 14TH AVENUE NORTHEAST**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **D** ☐ Delete
 NAME **DENNIS, LINDA**
 STREET ADDRESS **116 14TH AVENUE NORTHEAST**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **SECRETARY**
 NAME **THERESA SASSER**
 STREET ADDRESS **1008 SO. MORRISON COURT**
 CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **TREASURER**
 NAME **SCOTT SASSER**
 STREET ADDRESS **1008 SO MORRISON COURT**
 CITY-ST-ZIP **TAMPA, FL 33629**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ 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

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

3/15/02

Date

727-823-6067

Daytime Phone #

CR2E034 (9/01)