

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90637 033 ***150.00

DOCUMENT # P02000053023

1. Entity Name

DYDOMIN CO.



00001775

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16520 S. TAMIAMI TRAIL Suite, Apt. #, etc.		3. Mailing Address 1633 PERIWINKLE WAY Suite, Apt. #, etc. SUITE A	
City & State FORT MYERS, FLORIDA		City & State SANIBEL, FLORIDA	
Zip 33908	Country LEE	Zip 33957	Country LEE

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0818523	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name TIMOTHY J. MURTY, ESQ.	
Street Address (P.O. Box Number is Not Acceptable) 1633 PERIWINKLE WAY	
SUITE A	
City SANIBEL	Zip Code FL 33957

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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE
<p>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</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ELIZABETH SUSSMAN 16520 S. TAMIAMI TRAIL FORT MYERS FLORIDA 33908	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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: *Elizabeth Sussman 3/20/03* ELIZABETH SUSSMAN, PRES. 239-691-8788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #