

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90164 042 ***150.00

0014100 FP

DOCUMENT # P02000131025

1. Entity Name
DISTINCTIVE D-ZINES BY DIANA, INC.



Principal Place of Business
**601 DEL PRADO BLVD NORTH UNIT 4
CAPE CORAL FL 33909**

Mailing Address
**601 DEL PRADO BLVD NORTH UNIT 4
CAPE CORAL FL 33909**

2. Principal Place of Business
SAME

3. Mailing Address
P.O. Box 151954

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CAPE CORAL, FL

4. FEI Number
50-0008221

Applied For
Not Applicable

Zip Country

Zip Country
33915 US

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MACCARGAR, ROBERT V
601 DEL PRADO BLVD NORTH UNIT 4
CAPE CORAL FL 33909**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert V. MacCargar* **Robert V. MacCargar VP RA** **4/28/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **MACCARGAR, DIANA**
STREET ADDRESS **601 DEL PRADO BLVD. N. UNIT 4**
CITY-ST-ZIP **CAPE CORAL FL 33909**

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

TITLE **VTD** ☐ Delete
NAME **MACCARGAR, ROBERT V**
STREET ADDRESS **601 DEL PRADO BLVD. N. UNIT 4**
CITY-ST-ZIP **CAPE CORAL FL 33909**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert V. MacCargar* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 **(239) 573-9463**
Date Daytime Phone #

CR2E034 (10/02)