

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Amended
P93000075027

1. Entity Name

D'S M.A.G. INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 MAY 31 AM 8:34

Principal Place of Business

Mailing Address

8725 Bench DR
Port Richey, FL 34668

P.O. Box 1155
Port Richey, FL.
34673-1155

2. Principal Place of Business

8725 Bench DR.

3. Mailing Address

P.O. Box 1155

Suite, Apt. #, etc.

6

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port Richey, FL.

City & State

Port Richey, FL.

4. FEI Number

59-3205400

Applied For

Not Applicable

Zip

34668

Country

U.S.A.

Zip

34673-1155

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARY F. DIVICCARO
5070 BALDOCK AVE.
SPRING HILL, FL 34608

7. Name and Address of New Registered Agent

Name Joseph A. DiViccaro
Street Address (P.O. Box Number is Not Acceptable)
2434 GLEN RIDGE DR.

City Spring Hill, FL Zip Code 34609

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.

Joseph A. DIVICCARO V.P./Sec/Treas.

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, 2001 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 PRESIDENT
NAME MARK G. DIVICCARO
STREET ADDRESS 12095 ELGIN BLVD.
CITY-ST-ZIP SPRING HILL, FL 34608 ☐ Delete

TITLE V.P. PRESIDENT, Sec. TREAS.
NAME JOSEPH A. DIVICCARO
STREET ADDRESS 2434 GLEN RIDGE DR.
CITY-ST-ZIP SPRING HILL, FL 34609 ☐ Delete

TITLE SEC./TREAS, REGISTERED AGENT
NAME GARY F. DIVICCARO
STREET ADDRESS 5070 BALDOCK AVE.
CITY-ST-ZIP SPRING HILL FL 34608 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 2625 Goin to be only ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE V.P. SEC/TREAS, REGISTERED AGENT
NAME JOSEPH A. DIVICCARO
STREET ADDRESS 2434 GLEN RIDGE DR.
CITY-ST-ZIP SPRING HILL FL 34609 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 000004140070-6
-06/19/01-01118-001
*****26.25 *****26.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 000004140070-6
-05/07/01-01147-002
*****35.00 *****35.00 ☐ Change ☐ Addition

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

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

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:

Joseph A. DiViccaro V.P. Sec/Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-01

727-841-6934

EE Date

Daytime Phone #

CR2E034 (11/00)