2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000010309** Jan 27, 2000 8:00 am Secretary of State 1. Entity Name DUM, INC. 01-27-2000 90026 017 ***150.00 Principal Place of Business Mailing Address 16614 NORWOOD DR 16614 NORWOOD DR TAMPA FL 33624 TAMPA FL 33624-1167 00000834 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0467511 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASPER, GARY Street Address (P.O. Box Number is Not Acceptable) 16614 NORWOOD DR TAMPA FL 33624 Zip Code City 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE TITLE ☐ Change ☐ Addition ☐ Delete CASPER, GARY NAME NAME STREET ADDRESS 16614 NORWOOD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete Addition TITI F [] Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

COTT: ST ZIP

SIGNATURE AND TIPED OR PRINTELL WIME OF SIGNING OFFICER OR DIRECTOR

GARY CASPER

1/19/2000

813-963-3660

CR2E034 (9/99)

Daytime Phone #