2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
02-13-2001 90009 020 ***150.00

DOCUMENT # P94000010309

1. Entity Name
DUM, INC.

Principal Place of Business	Mailing Address
16614 NORWOOD DR TAMPA FL 33624	16614 NORWOOD DR TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
16124 VANDERBILT DR		16124 VANDERBILT DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ODESSA Fl.		City & State: ODESSA Fl.	
Zip: 33556	Country: USA	Zip: 33556	Country: USA

4. FEI Number 65-0467511 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASPER, GARY 16614 NORWOOD DR TAMPA FL 33624	Name: GARY CASPER Street Address (P.O. Box Number is Not Acceptable): 16124 VANDERBILT DR. City: ~~TAMPA~~ ODESSA FL Zip Code 33556

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] GARY CASPER PRES 2-7-01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASPER, GARY 16614 NORWOOD DR TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARY CASPER 16124 VANDERBILT DR. ODESSA Fl. 33556	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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] Pres. GARY CASPER 2-7-01 813-963-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #