

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90002 014 ***150.00

DOCUMENT # P95000009353

1. Entity Name
DINNER DATES, INC.

Principal Place of Business Mailing Address
145 S. ORLANDO AVE. **145 S. ORLANDO AVE.**
SUITE 8 **SUITE 8**
MAITLAND FL 32751 **MAITLAND FL 32751**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **PMB #328, 145 S. Orlando Ave**
 Suite, Apt. #, etc. **Suite 8**
 City & State **Maitland, FL**
 Zip **32751** Country **USA**

3. Mailing Address **PMB #328, 145 S. Orlando Ave**
 Suite, Apt. #, etc. **Suite 8**
 City & State **Maitland, FL**
 Zip **32751** Country **USA**

4. FEI Number **59-3327368**
 Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PATTERSON, VALERIE B
145 S. ORLANDO AVE.
SUITE 8
MAITLAND FL 32751

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.

SIGNATURE *Val B Patterson* 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, 2002 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	P	<input type="checkbox"/> Delete
NAME	PATTERSON, VALERIE B	
STREET ADDRESS	313 BARCLAY AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patterson, Valerie B	
STREET ADDRESS	141 Shell Point West	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 registered agent 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, and all other like information.

SIGNATURE: *Val B Patterson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/4/02** **407-339-3283**

CR2E034 (9/01)