

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90002 006 ***150.00

0407883

DOCUMENT # P95000009896

1. Entity Name
HUGH J. DINWOODIE FINANCIAL SERVICES, INC.

Principal Place of Business 1715 STICKNEY POINT ROAD B-3 SARASOTA FL 34231 US	Mailing Address 1715 STICKNEY POINT ROAD B-3 SARASOTA FL 34231 US
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2. Principal Place of Business 8701 Midnight Pass Rd	3. Mailing Address P.O. Box 19107
Suite, Apt. #, etc. #404	Suite, Apt. #, etc.

City & State Sarasota, FL	City & State Sarasota, FL	4. FEI Number 65-0555130	Applied For <input type="checkbox"/> Not Applicable
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Zip 34242	Country Sarasota	Zip 34276	Country Sarasota	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BERTEAU, JOHN T 1550 RINGLING BLVD. SARASOTA FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code
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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]* **JOHN T. BERTEAU** DATE: **4/15/2001**

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, S, T, D DINWOODIE, HUGH J 6267 MIDNIGHT PASS RD #107-5 SARASOTA FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8701 Midnight Pass Rd. #404 Sarasota, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete S DINWOODIE, HUGH J 6267 MIDNIGHT PASS RD #107-5 SARASOTA FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8701 Midnight Pass Rd. #404 Sarasota, FL 34242
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: **4/15/2001** PHONE: **941-346-5345**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE