

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000228

1. Entity Name

DICKENS AND ASSOCIATES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90186 043 ***150.00

Principal Place of Business
NEW ADDRESS
~~115 E. INTL. SPRAWY BLVD.~~
~~DAYTONA BEACH FL 32118~~
233 OAKRIDGE STREET
DAYTONA FL 32117

Mailing Address
~~115 E. INTL. SPRAWY BLVD.~~
~~DAYTONA BEACH FL 32118~~
233 OAKRIDGE STREET
DAYTONA FL 32117

2. Principal Place of Business
233 OAKRIDGE STREET
Suite, Apt. #, etc.

3. Mailing Address
233 OAKRIDGE STREET
Suite, Apt. #, etc.

City & State
DAYTONA, FL 32117

City & State
DAYTONA FL 32117

4. FEI Number **59-3373533**
Applied For
Not Applicable

Zip Country
Country

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

6. Name and Address of Current Registered Agent
BEST, EDWIN W
~~115 E. INTL. SPRAWY BLVD.~~ 233 OAKRIDGE STREET
~~DAYTONA BEACH FL 32118~~ 32117

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 _____
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP | PD BEST, EDWIN W 115 BROADWAY DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DICKENS, WILLIAM J 115 BROADWAY DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SMITH, DANA M 115 BROADWAY DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BEST, KIP D 115 BROADWAY DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BEST, EDWIN W. 233 OAKRIDGE ST. DAYTONA, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DICKENS, WILLIAM J 233 OAKRIDGE ST. DAYTONA, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SMITH, DANA M 233 OAKRIDGE ST. DAYTONA FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BEST, KIP D 233 OAKRIDGE ST. DAYTONA, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> 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:  **EDWIN W. BEST PRES/CEO 4/30/00 (904)253-1511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)