

2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90322 036 ***150.00

DOCUMENT # P96000046481

1. Entity Name

DIGNITY II Corporation



DO NOT WRITE IN THIS SPACE

24046015

2. Principal Place of Business

326 N. Marydell Ave.

Suite, Apt. #, etc.

3. Mailing Address

1536 W. New York Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DeLand, FL

City & State

DeLand, FL

4. FEI Number

59-3380166

Applied For

Not Applicable

Zip

32720

Country

Volusia

Zip

32720

Country

32720

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

7. Name and Address of Current Registered Agent

Name

Cecil Croteau

Street Address (P.O. Box Number is Not Acceptable)

744 Mockingbird Lane

City

DeLand

FL

Zip Code

32720

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cecil Croteau

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
Proctor, Jeffrey D.
1515 W. Winnemissett Ave.
DeLand, FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/S/T
Croteau, Cecil F.
744 Mockingbird Lane
DeLand, FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Bowser, Sherry A.
732 Mockingbird Lane
DeLand, FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DeLand, FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPDO NOT WRITE
IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cecil Croteau

4/14/04 (386) 734-5326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cecil Croteau

CR2E034B (12/02)