

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90325 017 \*\*\*150.00

**DOCUMENT # P96000065612**



**1. Entity Name**  
**DIGNOTI GROUP, INC.**

**Principal Place of Business**  
2499 OLD LAKE MARY RD  
UNIT 132  
SANFORD FL 32771  
US

**Mailing Address**  
P O BOX 953307  
LAKE MARY FL 32795-307  
US



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Lake Mary, FL

**City & State**

**4. FEI Number** 59-3400274

**Applied For**  
Not Applicable

**Zip**  
32746

**Country**  
US

**Zip**

**Country**

**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**

DIGNOTI, GENE S  
2921 EGRETS LANDING DR  
LAKE MARY FL 32746

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

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

4/17/03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD <b>NAME</b> DIGNOTI, GENE SR <b>STREET ADDRESS</b> 2921 EGRETS LANDING DR <b>CITY-ST-ZIP</b> LAKE MARY FL	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VP <b>NAME</b> DIGNOTI, EVA <b>STREET ADDRESS</b> 2921 EGRETS LANDING DR <b>CITY-ST-ZIP</b> LAKE MARY FL 32746	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gene Dignoti Sr. 4/17/03 407-321-3995

CR2E034 (10/02)