

2002 UNIFORM BUSINESS REPORT (UBR)

0033863 AV

DOCUMENT # P96000078545

1. Entity Name
DIEN & COWART ENTERPRISES, INC.

FILED

02 DEC -6 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1305 WOODBINE STREET
CLEARWATER FL 33755

Mailing Address
1305 WOODBINE STREET
CLEARWATER FL 33755



REINSTATEMENT

2. Principal Place of Business

1305 Woodbine St.
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State
Clearwater, Florida

City & State

4. FEI Number NOT APPLICABLE

Applied For
☒ Not Applicable

Zip Country
33755 Pinellas

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

BAKER, ROSE
1305 WOODBINE ST
CLEARWATER FL 33755

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 D ☐ Delete
NAME BAKER, ROSE
STREET ADDRESS 1305 WOODBINE STREET
CITY-ST-ZIP CLEARWATER FL 34615

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILLIAMSON, ALLYCE
STREET ADDRESS 1305 WOODBINE STREET
CITY-ST-ZIP CLEARWATER FL 34615

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: REQUIRED

CR2E034 (4/02)