

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
 01-31-2001 90028 030 ***150.00

DOCUMENT # P96000099566

1. Entity Name

DILLEN PLAZA, INC.

Principal Place of Business

**10442 SW 52ND COURT
 Ocala FL 34476**

Mailing Address

**10442 SW 52ND COURT
 Ocala FL 34476**

2. Principal Place of Business

5376 SW 103rd Loop

Suite, Apt. #, etc.

Ocala Fl.

City & State

Zip 34476

Country

3. Mailing Address

Dillen Plaza Inc

Suite, Apt. #, etc.

5376 SW 103rd Loop

City & State

Ocala Fl.

Zip 34476

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3417451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RIZZO, JOAN M
 10442 SW 52ND CT
 Ocala FL 34476**

7. Name and Address of New Registered Agent

Name

Joan M Rizzo

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

5376 SW 103rd Loop

City

Ocala

FL

Zip Code

34476

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, 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

TITLE **P** ☐ Delete
 NAME **RIZZO, JOAN M**
 STREET ADDRESS **10442 SW 52ND CT**
 CITY-ST-ZIP **OCALA FL 34476**

TITLE **--** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Joan M Rizzo

Joan M Rizzo

Jan 24, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-2374266

CR2E034 (10/00)