

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000010120

Entity Name: DHARMA IMPORTS INC.

FILED  
Feb 12, 2003  
Secretary of State

## Current Principal Place of Business:

10014 NW 206TH AVE  
ALACHUA, FL 32615

## New Principal Place of Business:

18805 NW 80TH TERRACE  
ALACHUA, FL 32615 US

## Current Mailing Address:

P O BOX 283  
LA CROSSE, FL 32658

## New Mailing Address:

P O BOX 283  
LACROSSE, FL 32658

FEI Number: 59-3424787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOLOMON, LON L  
10014 NW 206TH AVENUE  
ALACHUA, FL 32615 US

## Name and Address of New Registered Agent:

MINK, CARL S  
18805 NW 80TH TERRACE  
ALACHUA, FL 32615 US

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: CARL S MINK

02/12/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCP ( ) Delete  
Name: SOLOMON, LON L  
Address: 10014 NW 206TH AVENUE  
City-St-Zip: ALACHUA, FL 32615

Title: DST ( ) Delete  
Name: MINK, CARL S  
Address: 18805 NW 80TH TERR  
City-St-Zip: ALACHUA, FL 32615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition  
Name: SOLOMON, LON L  
Address: 10014 NW 206TH AVENUE  
City-St-Zip: ALACHUA, FL 32615

Title: DPS (X) Change ( ) Addition  
Name: MINK, CARL S  
Address: 18805 NW 80TH TERR  
City-St-Zip: ALACHUA, FL 32615

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL S MINK

DPS

02/12/2003

Electronic Signature of Signing Officer or Director

Date