

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080023

1. Entity Name  
DIBLASI, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90044 039 \*\*\*150.00

Principal Place of Business  
210 EAST DAVIS BLVD.  
TAMPA FL 33606

Mailing Address  
210 EAST DAVIS BLVD.  
TAMPA FL 33606-3786

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-3469632 Applied For Not Applicable

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

~~AMERILAWYER CHARTERED~~ SALVATOR DiBLASI  
~~343 ALMERIA AVENUE~~ 210 E. DAVIS BLVD.  
~~60RAL CABLES FL 33134~~ TAMPA, FL 33606

Name SALVATOR DiBLASI  
Street Address (P.O. Box Number is Not Acceptable) 210 EAST DAVIS BLVD.  
City TAMPA FL Zip Code 33606

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 *Salvatore DiBlasi* (NOTE: Registered Agent signature required when reinstating) DATE 2/21/2000

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, 2000 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	PD & SECRETARY	<input type="checkbox"/> Delete
NAME	DIBLASI, SALVATORE	
STREET ADDRESS	210 EAST DAVIS BLVD.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	<del>VP</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>DIBLASI, PAUL F</del>	
STREET ADDRESS	<del>210 EAST DAVIS BLVD.</del>	
CITY-ST-ZIP	<del>TAMPA FL 33606</del>	
TITLE	<del>ST</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>DIBLASI, MARY A</del>	
STREET ADDRESS	<del>210 EAST DAVIS BLVD.</del>	
CITY-ST-ZIP	<del>TAMPA FL 33606</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Salvatore DiBlasi* 2/21/2000 (813) 251-2928  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #