

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086533

1. Entity Name

DIALPLUS COMMUNICATIONS, INC.

Principal Place of Business

4505 SE 15TH STREET
OCALA FL 34471

Mailing Address

PO BOX 3895
SUITE 802
OCALA FL 34471

2. Principal Place of Business

107 S Cedar St. - Hwy 351

3. Mailing Address

P. O. Box 5030

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cross City, FL

City & State

Cross City, FL

Zip
32628

Country
USA

Zip

32628-5030

Country
USA

4. FEI Number 59-3475209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOSH, SIDNEY JR
252 NE 2ND COURT
CRTSTAL FL 34429

7. Name and Address of New Registered Agent

Name Sidney Dosh, Jr.

Street Address (P.O. Box Number is Not Acceptable)
107 S. Cedar St. - Hwy 351

City Cross City

FL

Zip Code
32628

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.

Sidney Dosh, Jr.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1-8-2001

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	D	<input type="checkbox"/> Delete
NAME	DOSH, SIDNEY	
STREET ADDRESS	252 NE 2ND COURT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOSH, LOUIS R	
STREET ADDRESS	4505 SE 15TH ST	
CITY-ST-ZIP	OCALA FL 34471-4182	
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	President/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sidney Dosh, Jr.	
STREET ADDRESS	107 S. Cedar St. - Hwy 351	
CITY-ST-ZIP	Cross City, FL 32628	
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
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:

Sidney Dosh, Jr.

1-8-2001

352-498-3312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0419725