

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100054

1. Entity Name

WILLIAM G. DICKERSON ENTERPRISE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90945 033 ***150.00

Principal Place of Business

Mailing Address

3822 LYNTHURST COURT
SARASOTA FL 34235

3822 LYNTHURST COURT
SARASOTA FL 34222-4372

2. Principal Place of Business

6750 N US 301

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 479

Suite, Apt. #, etc.

City & State

Ellenton, FL

City & State

Ellenton, FL

4. FEI Number

65-0797705

Applied For

Not Applicable

Zip

Country

34222 US

Zip

Country

34222 US

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

REINICKE, STEPHANIE A
1800 SECOND STREET
SUITE 803
SARASOTA FL 34236

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DICKERSON, WILLIAM G
STREET ADDRESS 3822 LYNTHURST COURT
CITY-ST-ZIP SARASOTA FL 34235

TITLE ☒ Change ☐ Addition
NAME 6750 N US 301
STREET ADDRESS Ellenton, FL 34222
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

William Dickerson

William Dickerson

4/26/00

Date

941-723-1733

Daytime Phone #