

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Dinos of Charlotte County Inc,

FILED

Apr 23, 2000 8:00 am  
Secretary of State

04-23-2000 90017 006 \*\*\*150.00

Principal Place of Business

Mailing Address

2592 TAMIAWI trail Same  
P.C. FL 33952 unit 1-A

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 650802411

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

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 President

☐ Delete

NAME MARIE Riccio  
STREET ADDRESS 2592 TAMIAWI trail  
CITY-ST-ZIP P.C. FL 33952

TITLE Vice Pres

☐ Delete

NAME Ken Winchell  
STREET ADDRESS 2592 TAMIAWI trail  
CITY-ST-ZIP P.C. FL 33952

TITLE

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 address, with all other like information.

SIGNATURE:

MARIE Riccio Pres.

4-14-2000

255 9090

SIGNATURE, TYPED OR PRINTED NAME, AND TITLE OF OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)