

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED

Feb 13, 2001 8:00 am  
Secretary of State

01-26-2001 90076 007 \*\*\*150.00

DOCUMENT # P98000002772

1. Entity Name

DINO'S OF CHARLOTTE COUNTY, INC.

Principal Place of Business

2592 TAMiami TRAIL  
UNIT 1-A  
PT CHARLOTTE FL 33952

Mailing Address

2592 TAMiami TRAIL  
UNIT 1-A  
PT CHARLOTTE FL 33952

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 65-0802411

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

SHIRLEY, KEVIN C  
2592 TAMiami TRAIL  
PUNTA GORDA FL 33950

Name Riccio Marie

Street Address (P.O. Box Number is Not Acceptable)  
4074 Joseph St

PC. FL 33948

City

FL

Zip Code

33948

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

Marie Riccio Marie Riccio

1-12-2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete  
NAME RICCIO, MARIE  
STREET ADDRESS 2592 TAMiami TRAIL  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

TITLE VTD ☐ Delete  
NAME WINCHELL, KEN  
STREET ADDRESS 2592 TAMiami TRAIL  
CITY-ST-ZIP PT CHARLOTTE FL 33952

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

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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:

Marie Riccio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-2001 941 255-9090

Date

Daytime Phone #

CR2E034 (10/00)