

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90009 001 ***150.00

DOCUMENT # P98000039291

1. Entity Name
DIDATO FAMILY ENTERPRISES, INC.

Principal Place of Business

**8260 SE 58TH AVE
 OCALA FL 34471**

Mailing Address

**8260 SE 58TH AVE
 OCALA FL**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

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

**DIDATO, SEBASTIAN
 34 BANYAN LOOP
 OCALA FL 34472-2040**

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	DIDATO, SEBASTIAN	
STREET ADDRESS	6828 SE 89TH ST	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIDATO, JOSEPH	
STREET ADDRESS	26 BANYAN PASSLOOP	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	JRVP	<input type="checkbox"/> Delete
NAME	DIDATO, VICTOR	
STREET ADDRESS	37 BANYAN DR	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	S	<input type="checkbox"/> Delete
NAME	DIDATO, SEBASTIAN	
STREET ADDRESS	37 BANYAN DR	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	T	<input type="checkbox"/> Delete
NAME	DIDATO, MICHEAL	
STREET ADDRESS	37 BANYAN DR	
CITY-ST-ZIP	OCALA FL 34472	
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
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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02

Date

352-245-4099

Daytime Phone #

CR2E034 (9/01)