## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042797  1. Entity Name  DIMAG OF CAPE CORAL, INC.								,			3
						FILED					
Naillen Address							00 MAR 24 PM 2: 11				
Principal Place of Business 3622 SE 17TH AVE CAPE CORAL FL 33904		Mailing Address	3622 SE 17TH AVE				SECRETARY	OF STATE			
		CAPE CORAL FL 33904-5004				TALLAHASSEE, FLORIDA					
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			'	DO NOT V	VRITE IN THIS SF	ACE		
City & State		City & State				4. FEI	Number APPLIE	LEOR	Ap	plied For	]
Zip Country		Zip	Zip Country				OFFICE Paris		8.75 Add	t Applicable	1
	, in the second			1			tificate of Status Desire	id Li Fi	ee Required		┨
	6. Name and Address of Curre	m Registered Agent		Name	1010				GIII		1
	MANN, ERNEST-A-			Street A	ddress (P.	<u>// // ∨</u> ?.O., βoχ	E WK Number is Not Accept CON AC	able)			-
1105 CAPE CORAL PKWY EAST, SUITE C CAPE CORAL FL 33904							CORPAC	MARKE	<u> </u>		1
UAFI	CONALTE SUSSE	,		City	1173	<u> </u>			Zip Code	ė .	1
			1/	) C,	AP E		ORAC	FL	77	904	-
8. The above	named entity submits this statemen	t for the purpose of changing	egiste	ed office ø	registere	ed agent	, or both, in the State o	f Florida.	/	<u> </u>	
SIGNATURE	( Mest	ee JU	1	-7				<u>)//</u>	4/1	<u> </u>	
SIGNATORE	Signature, typed or printed name of registered ag	ent and little if applicable. (N	OTE Registere	d Aporti gna	ture required v	when reinsta	ating)	DATE			-
Tax filing r	oration is eligible to satisfy its Intangi equirement and elects to do so. ria on back)	After MAY 1,	2000 Fee	will be \$5	550.00	J	10. Election Campaigr Trust Fund Contrib			May Be to Fees	
11.	OFFICERS AN	ND DIRECTORS	12.	•		1	TIONS/CHANGES TO	OFFICERS AND [	DIRECTORS		إ
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NAME STREET ADDRESS			NAM STRE	ET ADDRESS					,	SP	
CITY-ST-ZIP	,		CITY	-ST-ZIP							
indicated	certify that the information supplied von this report or supplemental report poration or the receiver or trasfee er or on an attachment with an address	rt is true and accurate and tha	at mv siona	ture shall t	have the sa	ame leg	al effect as if made und	der oath; that I an	n an officer	or director	
	Programme 1	-100					02.14.				
SIGNAT	UKE: SIGNATURE AND TYPED O	OR PRINTED NAME OF SIGNING OFFICE	ER OR DIREC	TOR			Date Date	Day	time Phone #		