

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075585

1. Entity Name

B. DIETRICK CONSULTING, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90015 002 ***150.00

Principal Place of Business

750 N. OCEAN BLVD.
#904
POMPANO BEACH FL 33062

Mailing Address

750 N. OCEAN BLVD.
#904
POMPANO BEACH FL 33062

2. Principal Place of Business

8537 NW 45TH ST

3. Mailing Address

8537 NW 45TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

65-0860357

Applied For

Not Applicable

Zip

33045

Country

USA

Zip

33065

Country

USA

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

DIETRICK, BRIAN W
750 N. OCEAN BLVD.
#904
POMPANO BEACH FL 33062

Name

DIETRICK, BRIAN W (SAME)

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

8537 NW 45TH ST

City

CORAL SPRINGS

FL

Zip Code

33045

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, 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	PVST	<input type="checkbox"/> Delete
NAME	DIETRICK, BRIAN W	
STREET ADDRESS	750 N. OCEAN BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIETRICK, BRIAN W	
STREET ADDRESS	750 N. OCEAN BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	8537 NW 45TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	8537 NW 45TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
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: Brian W. Dietrick BRIAN W. DIETRICK 4/30/01 954 845 5717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)