

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90170 017 ***150.00

DOCUMENT # P98000094608

1. Entity Name

DINOSAUR, INC.

Principal Place of Business

Mailing Address

4660 S.W. THISTLE TERRACE
PALM CITY FL 34990

4660 S.W. THISTLE TERRACE
PALM CITY FL 33408-3679

2. Principal Place of Business

100 LAKE SHORE DR

3. Mailing Address

100 LAKE SHORE DR

Suite, Apt. #, etc.

#1452 SUITE DR #1452

Suite, Apt. #, etc.

#1452

City & State

NO. PALM BEACH, FL

City & State

NO. PALM BEACH, FL

Zip

33408

Country

Zip

33408

Country

4. FEI Number

NOT APPLICABLE

Applied

Not

5. Certificate of Status Desired

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIAVONE, MARY JANE
4660 S.W. THISTLE TERRACE
PALM CITY FL 34990

Name

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

100 LAKE SHORE DR #1452

City

NO PALM BEACH

FL

Zip Code

3340

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
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SCHIAVONE, ANDREW
4660 S.W. THISTLE TERRACE
PALM CITY FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100 LAKE SHORE DR
NO PALM BEACH, FL 33408 ☒ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #