FILED

Apr 21, 2000 8:00 am Secretary of State 04-21-2000 90147 033 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900007316 1. Entity Name

DINKINS & DINKINS, INC.

Mailing Address

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Name	Zip	Coun	try	Zip	Coun	try	:5				8.75 A	dditional
Name		6. Name and Ad	dress of Current Re	gistered Agent	L			7. Name and Add	Iress of New F	Registered Ag	ent	
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CALA FL 34470 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, toped or prized name of registered agent in Applicable. (POTE Registere) Agent signature recursed agent, or both, in the State of Florida. Signature, toped or prized name of registered agent in Applicable. (POTE Registere) Agent signature recursed agent, or both, in the State of Florida. Signature, toped or prized name of registered agent in Applicable. (POTE Registere) Agent signature recursed agent, or both, in the State of Florida. Signature, toped or prized name of registered agent in Applicable. (POTE Registere) Agent signature recursed agent, or both, in the State of Florida. Signature, toped or prized name of registered agent in Applicable. (POTE Registere) Agent signature recursed agent, or both, in the State of Florida. Signature, toped or prized name of registered agent in Applicable. (POTE Registere) Agent signature recursed agent, or both, in the State of Florida. Signature, toped or prized name of registered agent in Applicable. (POTE Registere) Agent signature recursed agent in the State of Florida. Signature, toped or prized name of registered agent in Applicable. (POTE Registere) Agent to Prized Florida. Signature, toped or prized name of registered agent in Applicable. (POTE Registere) Agent to Prized Florida. Signature, toped or prized name of registered agent in Applicable. (POTE Registere) Agent to Prized Florida. Signature, toped or prized name of registered agent in Applicable. (POTE Registered Name Florida. (POTE Registered				Street Address (P.O. Box Number is Not Acceptable)								
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13. Thereby 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	1											
	13. Thereby o	ertify that the informa	ation supplied with th	is filing does not qualify fo	r the exe	mption sta	ted in Section	on 119.07(3)(i). Fl	orida Statutes.	f further certif	y 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 an address with all other like impowered.

SIGNATURE:

DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

4112100

(352),732-4464

Daytime Phone #