

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018550

1. Entity Name
DI-CO, INC.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90535 004 ***150.00

Principal Place of Business
709 S. 50TH ST
TAMPA FL 33619

Mailing Address
709 S. 50TH ST
TAMPA FL 33619

2. Principal Place of Business
P.O. Box 568
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 568
Suite, Apt. #, etc.

City & State
BALM, FLORIDA
Zip
33503

City & State
BALM, FLORIDA
Zip
33503

4. FEI Number **59-3558439**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JONES, BRIAN D
14114 BALM BOYETTE RD
RIVERVIEW FL 33569

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 _____ (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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	JONES, BRIAN D	
STREET ADDRESS	14114 BALM BOYETTE RD	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PIKE, MELVIN O	
STREET ADDRESS	P.O. BOX 334	
CITY-ST-ZIP	RUSKIN FL 33570	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BRIAN D	
STREET ADDRESS	P.O. BOX 334	
CITY-ST-ZIP	RUSKIN, FL 33570	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIKE, MELVIN O.	
STREET ADDRESS	1514 8th STREET SW	
CITY-ST-ZIP	RUSKIN, FL 33570	
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 D Jones* **Brian D Jones**

1-26-01 **1-26-01** *813 478-5252* **813 478-5252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)