

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028553

1. Entity Name
DICAM SOLUTIONS, INC.

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90163 034 ***550.00

0079303 AV

Principal Place of Business
370 W. CAMINO GARDENS BLVD., SUITE 113
BOCA RATON FL 33432

Mailing Address
370 W. CAMINO GARDENS BLVD., SUITE 113
BOCA RATON FL 33432



2. Principal Place of Business
20864 RAMITA TRAIL
Suite, Apt. #, etc.

3. Mailing Address
20864 RAMITA TRAIL
Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number 65-0909114

Applied For
Not Applicable

Zip 33433 Country PALM BEACH

Zip 33433-1701 Country PALM BEACH

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

6. Name and Address of Current Registered Agent

JAWORSKI, THOMAS W
20864 RAMITA TRAIL
BOCA RATON FL 33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas W. Jaworski THOMAS W. JAWORSKI, VP 7-30-2002
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PD
NAME LAPP, GERHARD
STREET ADDRESS 14401 MILITARY DR D-100
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

TITLE VTSD
NAME JAWORSKI, THOMAS W
STREET ADDRESS 20864 RAMITA TRAIL
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: SIGNATURE REQUIRED

7-30-2002 561-809-7373

CR2E034 (4/02)