

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087196

1. Entity Name
DICKERSON HOLDINGS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90393 046 ***150.00

Principal Place of Business 102 EAST SUNNYSIDE BEACH ROAD FL 32640	Mailing Address 102 EAST SUNNYSIDE BEACH ROAD HAWTHORNE FL 32640-5755
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 026 Sunnyside Bch. Rd. Suite, Apt. #, etc.	3. Mailing Address 102 E. Sunnyside Bch. Rd. Suite, Apt. #, etc.
City & State Hawthorne, Fl. Zip 32640 Country U.S.	City & State Hawthorne, Fl. Zip 32640 Country U.S.

4. FEI Number 59-3608463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DICKERSON, DANIEL T 102 EAST SUNNYSIDE BEACH ROAD HAWTHORNE FL 32640	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DICKERSON, DANIEL T 102 EAST SUNNYSIDE BEACH ROAD HAWTHORNE FL 32640	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Daniel Dickerson Daniel Dickerson 4-21-00 352481-2256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)