

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089044

1. Entity Name  
DNE, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
04-27-2001 90307 026 \*\*\*150.00

Principal Place of Business

802 PALMETTO RD  
VENICE FL 34293

Mailing Address

802 PALMETTO RD  
VENICE FL 34293

2. Principal Place of Business:

802 Palmetto Drive  
Suite, Apt. #, etc.

3. Mailing Address

802 Palmetto Drive  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Venice FL 34293

City & State

Venice FL

4. FEI Number

65-1006970

Applied For

Not Applicable

Zip

34293

Country

SARASOTA

Zip

34293

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, DAVID  
802 PALMETTO RD  
VENICE FL 34293

7. Name and Address of New Registered Agent

Name

NA

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

City

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 NA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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 D ☐ Delete  
NAME ELLIOTT, NICOLE  
STREET ADDRESS 802 PALMETTO RD  
CITY-ST-ZIP VENICE FL 34293

TITLE CFO ☐ Delete  
NAME David P. Elliott  
STREET ADDRESS 802 Palmetto Dr  
CITY-ST-ZIP Venice FL 34293

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-01

941-493-4712

CR2E034 (10/00)