

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90156 016 ***150.00

DOCUMENT # **P 990000 94005**

1. Entity Name

THE D-Z, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1424 Florida Ave

3. Mailing Address

1424 Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor - Florida

City & State

Palm Harbor Florida

Zip

34683

Country

U.S.A.

Zip

34683

Country

U.S.A.

4. FEI Number

59-3636956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MATT Dillon

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

1424 Florida Ave

City

Palm Harbor

FL

Zip Code

34683

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

MATT Dillon

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

President

(NOTE: Registered Agent signature required when reinstating)

April 7 - 2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President

MATT Dillon

1424 Florida Ave

Palm Harbor - Florida 34683

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice President

DONNA A BETHRINGER

1610 NEBRASKA Ave

Palm Harbor - Florida 34683

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Secretary

PATRICIA Dillon

1424 Florida Ave

Palm Harbor - FL 34683

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Treasurer

Deborah A. Dillon-Serra

1617 Georgia Ave

Palm Harbor - Florida 34683

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

MATT Dillon

MATT Dillon - President

April 7 - 2003 - 813-917-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)