## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P99000111391** Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** DIMMITT ENTERPRISES, INC. 03-27-2000 90080 042 \*\*\*150.00 Principal Place of Business Mailing Address 625 COURT STREET 625 COURT STREET SUITE 200 SUITE 200 CLEARWATER FL 33756 **CLEARWATER FL 33756** 2. Principal Place of Business 3. Mailing Address 25191 U.S. Hwy. 19 N. 2<u>5191 U.S.</u> 19 N. Hwy. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3621139 Not Applicable Clearwater, FL Clearwater, FL Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33763 33763 USA <u>USA</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAYMOND, J. PAUL Street Address (P.O. Box Number is Not Acceptable) **625 COURT STREET** SUITE 200 CLEARWATER FL 33756 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ▼ Addition X Delete TITLE TITLE RAYMOND, J. PAUL NAME NAME Dimmitt, Larry H., Jr. STREET ADDRESS 625 COURT STREET SUITE 200 STREET ADDRESS 150 Willadel Drive CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** Belleair, FL 33756 ☐ Change X Addition ☐ Delete TITLE TITLE NAME NAME Dimmitt, Lawrence H., III 1015 Bay Esplanade STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Clearwater, FL 33767 CITY-ST-ZIP ☐ Change X Addition ☐ Delete TITLE TITLE NAME NAME Dimmitt, Richard R. STREET ADDRESS STREET ADDRESS 965 Bay Esplanade CITY-ST-ZIP Clearwater, FL 33767 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME Dimmitt, Benjamin I. 34 West 88th Street, NAME STREET ADDRESS STREET ADDRESS New York, NY 10024 CITY-ST-ZIP CITY-ST-ZIP Change X Addition TITLE TITLE ☐ Delete NAME Magidson, Eileen D. NAME STREET ADDRESS 98Í Bay Esplanade STREET ADDRESS CITY-ST-ZIP Clearwater, FL 33767 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS 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 appaddress, with all other like empowered. 3/22/00 (727) 791-3742 SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR President

Daytime Phone #