

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/20/2003-90050-033 \$500.00-\$500.00

DOCUMENT # **S28013**



03 SEP -2 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**DIBO, INC.**

Principal Place of Business  
**1087 S.W. BALMORAL TRADE  
STUART FL 34997**

Mailing Address  
**1087 S.W. BALMORAL TRADE  
STUART FL 34997**

**3174 N.W. FED. HWY  
JENSEN BEACH, FL 34957**



2. Principal Place of Business

3. Mailing Address

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0236621**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHROEDER, SCOTT  
3300 PGA BLVD.  
SUITE 970  
PALM BEACH GARDENS FL 33410**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Delete  
**VSD  
REPPA, LINDA M  
1087 S.W. BALMORAL TRADE  
STUART FL 34997**

TITLE NAME  Change  Addition  
**100022701701  
09/02/03--01033--012 \*\*\*58.75**

TITLE NAME  Delete  
**PDT  
REPPA, RICHARD E  
1087 S.W. BALMORAL TRADE  
STUART FL 34997**

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/15/03 772-287-7265**  
Date Daytime Phone #

CRE034 (4/03)

9/13