

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90233 048 ***150.00

DOCUMENT # V44883

1. Entity Name
DINE-ONE-ONE, INC.

Principal Place of Business
**208 NORTH ARMENIA AVENUE
TAMPA FL 33609**

Mailing Address
**208 NORTH ARMENIA AVENUE
TAMPA FL 33609**

B0127228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3132728**

Applied For

Not Applicable

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

**MARION, LOLA
402 BARBARA LN
TAMPA FL 33609**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MARION, KENNETH J.**
STREET ADDRESS **402 BARBARA LN**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **MARION KENNETH J. MARION**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/02
Date

813-870-3663
Daytime Phone #

CR2E034 (4/02)

DINE-ONE-ONE

Register: Bank of America

From 03/05/2002 through 03/05/2002

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment	C	Deposit	Balance
03/05/2002	19608	Time Warner	Office Supplies & Exp...		129.90	X		-3,230.21
03/05/2002	19846	Pamela Ustianowski	Consulting		280.00	X		-3,510.21
03/05/2002	19847	Florida Department o...	Licenses & Taxes		150.00			-3,660.21
03/05/2002	19848	Tampa Electric	Utilities		288.83	X		-3,949.04
03/05/2002	19849	Elite Technology	Software Support		487.50	X		-4,436.54
03/05/2002	19851	Lee Garden	Due Restaurant		591.01	X		-5,027.55

Attachment
#V4/883
B0127228

7/2/2002

THIS WAS SENT OUT 3/5/02 - PLEASE ACCEPT THE
ORIGINAL \$150 PAYMENT