

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90152 004 ***150.00

DOCUMENT # **V62852**

1. Entity Name
ROY DICKIE COMPANY



Principal Place of Business
**5810-F WEST CYPRESS ST
TAMPA FL 33607
US**

Mailing Address
**P.O. BOX 10595
TAMPA FL 33679-0595
US**



2. Principal Place of Business
777 HARBOUR ISLAND BLVD

Suite, Apt. #, etc.
Suite 860

City & State
TAMPA FLORIDA

Zip Country
33602 USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3140705**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DICKIE, ROY K.
5810-F WEST CYPRESS ST
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name **ROY K. DICKIE**
Street Address (P.O. Box Number is Not Acceptable)
**777 HARBOUR ISLAND BLVD
SUITE 860**
City **TAMPA** FL Zip Code **33602**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.15.03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **P** Delete
NAME **DICKIE, ROY K.**
STREET ADDRESS **5810-F WEST CYPRESS ST**
CITY-ST-ZIP **TAMPA FL**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Change Addition
NAME **ROY K. DICKIE**
STREET ADDRESS **777 HARBOUR ISLAND BLVD, SUITE 860**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

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

SIGNATURE *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.15.03 **229.4700**
813-827*

CR2E034 (10/02)