2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046515

1. Entity Name

D.A.R.T. SERVICES OF SOUTH FLORIDA, INC.

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90038 040 ***550.00

Principal Place of Business	Mailing Address
4139 PONEA DR SARASOTA FL 34241	4139 PONEA DR SARASOTA FL 34241-5918

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2450 Snowflake Lane	4411 Bee Ridge Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 273
City & State North Port FL	City & State Sarasota,
Zip 34286 / Country Sarasota	Zip Fl 34233 / Country Sarasota

4. FEI Number 65-0843701 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MICHAEL J. BELLE, P.A.
100 WALLACE AVE, STE 380
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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.

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 $150.00
After MAY 1, 2000 Fee will be $550.00
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

TITLE	D	☐ Delete
NAME	KURILAVICIUS, DONNA M	
STREET ADDRESS	4139 PONEA DR	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	☐ Delete
NAME	KURILAVICIUS, RAYMOND	
STREET ADDRESS	4139 PONEA DR	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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: Donna M. Kurilavicius President 941-423-6311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #