2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S57825

1. Entity Name

DOMRIN, INCORPORATED

Principal Place of Business	Mailing Address
2396 NORTH DIXIE FREEWAY NEW SMYRNA BEACH FL 32168-5928	2396 NORTH DIXIE FREEWAY NEW SMYRNA BEACH FL 32168-5928

FILED

00 DEC -5 PM 2: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2520 N. DIXIE FRWY
Suite, Apt. #, etc.

3. Mailing Address
2520 N. DIXIE FRWY
Suite, Apt. #, etc.

City & State *New Smyrna Bch, FL*
Zip *32168*   Country *USA*

City & State *New Smyrna Bch, FL*
Zip *32168*   Country *USA*

4. FEI Number **59-3066306** ☐ Applied For / ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RINTRONA, DOMINICK
2396 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH FL

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 X *Dominick Rintrona*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE *11/30/00*

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, 2000 Min. 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 **PD** NAME **RINTRONA, DOMINICK** STREET ADDRESS **2396 N. DIXIE HIGHWAY** CITY-ST-ZIP **NEW SMYRNA BEACH FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

-12/19/00--01975--003
****750.00   ****750.00

REINSTATEMENT

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: X *(signature)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/00   Date
(904) 314-4362   Daytime Phone #