Applied For

Not Applicable

## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # 454758** JOHN A. DACY & ASSOCIATES, INC. 04-24-2001 90261 005 \*\*\*150.00 Principal Place of Business Mailing Address 177 OCEAN LANE DR 177 OCEAN LANE OR KEY BISCAYNE FL 33149-1540 KEY BISCAYNE FL 33149-1540 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-1681313 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DACY, JOHN A 177 OCEAN LANE DR. A.7. 708 Street Address (P.O. Box Number is Not Acceptable) **KEY BISCAYNE FL 33149** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 his corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be fax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ☐ Delete TITLE DACY, JOHN A. NAME -L'ADDRESS 260 CRANDON BLVD SUITE 32-115 STREET ADDRESS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition 3T- 7P CITY-ST-ZIP **KEY BISCAYNE FL 33149** TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITL F ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in changed, or on an attachment with an address, with all other like empowered.

IGNING OFFICER OR DIRECTO