

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90036 028 ***150.00

DOCUMENT #

521729

1. Entity Name

Dapetro, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1233 Gulfstream Ave N

3. Mailing Address

Suite, Apt. #, etc.

604

Suite, Apt. #, etc.

City & State

Sarasota, FL 32436

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0250653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

80058823

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

David Morton

Street Address (P.O. Box Number is Not Acceptable)

1233 Gulfstream Ave N # 604

City

Sarasota,

FL

Zip Code 34236

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
David Morton
1233 Gulfstream Ave N #604
Sarasota, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Peter Morton
2401 Ashton Rd
Sarasota, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

Date

941-953-5150

Daytime Phone #

CR2E034B (12/01)