

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A14977**

1. Entity Name
DARO, LTD.

Principal Place of Business
**2348 SUNSET POINT ROAD, SUITE E
CLEARWATER FL 33765**

Mailing Address
**2348 SUNSET POINT ROAD, SUITE E
CLEARWATER FL 33765**

FILED
02 AUG 26 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number **59-2404883**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAY PEACOCK
2348 SUNSET POINT ROAD, SUITE E
CLEARWATER FL 33765

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.

DATE

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	SHAPIRO, DAVID
NAME	410 S. BAYSHORE BLVD. W/5
STREET ADDRESS	SAFETY HARBOR FL 34695
CITY-ST-ZIP	
DOCUMENT #	David Shapiro Marital Trust B
NAME	
STREET ADDRESS	c/o Betty Shapiro/L. Adam Shapiro
CITY-ST-ZIP	5809 Nicholson Ln. #302
DOCUMENT #	Rockville, MD 20852
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	500005890315--9
STREET ADDRESS	-06/20/02--01067--008
CITY-ST-ZIP	****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	BK
CITY-ST-ZIP	FF \$141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Betty Shapiro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/2002

Date

Daytime Phone #

CR2E003 (9/01)