2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F04265 1. Entity Name DALEY INCORPORATED

Principal Place of Business

Mailing Address

3046 WALDEN ROAD TALLAHASSEE FL 32311-7905		3046 WALDEN ROAD TALLAHASSEE FL 32311-7905					
							1 1 1 1
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	25-1290868		plied For
Zip Country		Zip	Country	5. Certificate of S	Status Desired	\$8.75 Add	
		atabasat 8 mais		Fee Required 7. Name and Address of New Registered Agent			
	6. Name and Address of Current F	registered Agent	Name	/. Name and Ad	aress of New Registers	a Agent	···
740	AVIC IOUN	•	142,116				
ZADAKIS, JOHN 3046 WALDEN ROAD		Street Address		ss (P.O. Box Number is Not Acceptable)			
TAL	LAHASSEE FL 32311						
			City		F	Zip Code	,
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regi	stered agent, or both, it	n the State of Florida.		
•• •• •• •• •• •• •• •• •• •• •• •• ••	s realised strike substitute and states from the	the purpose of shariging no	rogio.orda amad ar rogi	otoroo agorti, or actin	The state of the state		
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTI	E: Registered Agent signature red	uired when reinstating)	DAT	E	
9. This corp	oration is eligible to satisfy its Intangible	FILE NOW	!!! FEE IS \$150.00	10 Floatio	on Campaign Financing	ΦE Ω	0
Tax filing requirement and elects to do so.		After MAY 1, 2001 Fee will be \$550.0		Trust F	Fund Contribution.		May Be to Fees
(See crite	ria on back)	Make Check Payal	ble to Department of	<u>J</u>			
11.	OFFICERS AND I	DIRECTORS	12.	ADDITIONS/CH	ANGES TO OFFICERS A	ND DIRECTORS	IN 11
TITLE] D	☐ Delete	TITLÉ			Change	☐ Addition
NAME	DALEY, JULIA		NAME				
STREET ADDRESS	RT 1 BOX 3185C,TROPICAL		STREET ADDRESS				
CITY-ST-ZIP	BONITA SPRINGS, FL 00000		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			Chanca	☐ Addition
NAME	DALEY, ANTHONY J					Change	
STREET ADDRESS			NAME				j
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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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

1-20-2000

850 - 877-7580

Daytime Phone #

☐ Change

Addition

FILED

Jan 30, 2001 8:00 am Secretary of State

01-30-2001 90047 026 ***150.00

CHZEU34 (10/0)