2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2002 8:00 am Secretary of State DOCUMENT # F41252 1. Entity Name 04-23-2002 90368 032 ***150.00 DALANO OF GAINESVILLE, INCORPORATED Principal Place of Business Mailing Address 2105 NW 40TH TERR PO BOX 357760 **GAINESVILLE FL 32605 GAINESVILLE FL 32635** 2. Principal Place of Business 3. Mailing Address 3940 N. W. 16th Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Building</u> A City & State City & State 4. FEI Number Applied For 22-2390664 <u>Cainesville,</u> Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32605. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALTER, JAMES Street Address (P.O. Box Number is Not Acceptable) 703 NORTHEAST 1ST ST. 3940 N. W. 16th Blvd. Building B **GAINESVILLE FL 32601** City Zip Code 32605 <u>Gainesville</u> 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition SQUITIERI, ALAN NAME NAME STREET ADDRESS 2105 NW 40TH TERR STREET ADDRESS 3940 N. W. 16th Blvd. Bldg. A CITY-ST-ZIP **GAINESVILLE FL 32605** CITY-ST-ZIP Gainesville, FL 32605 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE `□ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

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NAME

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STREET ADDRESS

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CITY-ST-7IP

SIGNATURE:

NAME

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NAME

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SIGNATURE AND TYPED ON

3-15-2002

Change

☐ Change

Addition

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CR2E034 (9/01)