

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90155 047 ***150.00

DOCUMENT # F46781



1. Entity Name
DAHL, INC.

Principal Place of Business
**C/O DARRELL A DAHL
3654 CYPRESS ST
TAMPA FL 33607-4916**

Mailing Address
**C/O DARRELL A DAHL
3654 CYPRESS ST
TAMPA FL 33607-4916**

2. Principal Place of Business

2601 E. SECOND AVE

Suite, Apt. #, etc.

3. Mailing Address

2601 E. SECOND AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

Country

33605 USA

Zip

Country

33605-5503 USA

4. FEI Number **59-2126742**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAHL, DARRELL A
3654 CYPRESS ST
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name **DAHL, DARRELL A, JR**
Street Address (P.O. Box Number is Not Acceptable)
2601 E. SECOND AVE
City **TAMPA** FL Zip Code **33605**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CD** ☒ Delete
NAME **DAHL, DARRELL A**
STREET ADDRESS **5119 POE AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **PDTS** ☐ Delete
NAME **DAHL, DARRELL A, JR**
STREET ADDRESS **4405 W. CLEVELAND**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ Delete
NAME **DAHL, JORDIS**
STREET ADDRESS **5119 POE AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Delete
NAME **BELL, DEBORAH**
STREET ADDRESS **2362 AUBREY LANE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CPDTS** ☒ Change ☐ Addition
NAME **DAHL, DARRELL A, JR**
STREET ADDRESS **5119 POE AVENUE**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)