2000 UNIFORM BUSINESS REPORT (UBR)

10 62

DOCUMENT # F75849

1. Entity Name
DAC FINANCIAL CONSULTANTS, INC. ✓

FILED
00 AUG 14 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/25/00 00005 015 $150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% DAVID A. CHAMBERLAIN 8220 SW 160TH STREET MIAMI FL 33157	% DAVID A. CHAMBERLAIN 8220 SW 160TH STREET MIAMI FL 33157

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2187475 ☐ Applied For ☐ Not Applicable

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
CHAMBERLAIN, DAVID A 8220 SW 160TH STREET MIAMI FL 33157	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] 7/1/00
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) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMBERLAIN, DAVID A 8220 S W 160 ST MIAMI, FL 00000 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/00)

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.

SIGNATURE: [signature] SIGNATURE REQUIRED 7/1/00 305 234 6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2052

DAVID A. CHAMBERLAIN, CLU ChFC
8925 S.W. 148th STREET
SUITE 210
MIAMI, FL 33176

PHONE: (305) 234-6060
FAX: (305) 234-6009

August 9, 2000

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

RE: Reference #F75849
Tax ID #59-218-7475

Gentlemen:

I sent in $150.00 for my corporation fee instead of the $550.00 fee that was requested because I never received the first notice. I spoke with a representative from your office and they told me to mail the original filing fee of $150.00.

Please correct my account as soon as possible.

Sincerely,

Daivd Chamberlain
President of DAC Financial Consultants, Inc.