

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004208

1. Entity Name
DECARLO & DOLL, INC.

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90238 007 ***550.00

0078909 AV

Principal Place of Business
1499 WEST PALMETO PARK ROAD
SUITE 165
BOCA RATON FL 33486

Mailing Address
1499 WEST PALMETO PARK ROAD
SUITE 165
BOCA RATON FL 33486

2. Principal Place of Business
1600 SO. DIXIE HWY
SUITE 500
BOCA RATON, FL
33432

3. Mailing Address
1600 SO. DIXIE HWY
SUITE 500
BOCA RATON, FL
33432



DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1026918
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DECARLO, PETER M
1499 W. PALMETTO PARK RD
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1600 SO. DIXIE HIGHWAY
SUITE 500
City BOCA RATON FL 33432

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]*

(NOTE: Registered Agent signature required when reinstating)

8/22/01
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 12, 2001 Fee 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLL, WILLIAM O 366 GREENHILL ROAD MADISON CT 06443	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DECARLO, PETER M 5400 NO. OCEAN DR. VILLA #1 FT. LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROBERTS, RAYMOND M 165 NORTH STREET WALLINGFORD CT 06942	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEPINO, BARBARA 81 DODGE AVE. EAST HAVEN CT 06512	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURNS, PETER 2 PROSPECT ST. ANSONIA CT 06401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-01

Date

Daytime Phone #

CR2E034 (5/01)