

FILED
May 12, 2000 8:00 am
Secretary of State

[illegible]

59-2424730

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

BARTUCCIO, DALE A.
986 29TH STREET
VERO BEACH FL 32960

City

FL

Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

10. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

TITLE	PST	<input type="checkbox"/> Delete
NAME	BARTUCCIO, DALE A.	
STREET ADDRESS	986 29TH STREET	
CITY-ST-ZIP	VERO BEACH FL	

☐ Delete

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
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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.

SIGNATURE: DALE A. BARTUCCIO DIRECTOR PRESIDENT SECRETARY TREASURER 04-27-'2000' 569-7830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)