

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H90183

1. Entity Name
DALLAS 1 CONSTRUCTION & DEVELOPMENT, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90122 020 ***150.00

Principal Place of Business

10328 MAIN ST
THONOTOSASSA FL 33592
US

Mailing Address

PO BOX 290068
TEMPLE TERRACE FL 33687
US

610781



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2610376

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AZZARELLI, BART JR.
6320 112TH AVENUE
TEMPLE TERRACE FL 33617

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, 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 PD ☐ Delete
NAME AZZARELLI, BART JR.
STREET ADDRESS 6320 112TH AVE.
CITY-ST-ZIP TEMPLE TERRACE FL

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

TITLE D ☐ Delete
NAME AZZARELLI, BRET
STREET ADDRESS 7808 RIVERSHORE DR.
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete
NAME EISCH, TED
STREET ADDRESS 5601 GULF OF MEXICO DRIVE #5
CITY-ST-ZIP LONGBOAT KEY FL 34228

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

TITLE STD ☐ Delete
NAME AZZARELLI, JAN
STREET ADDRESS 6320 112TH AVENUE
CITY-ST-ZIP TEMPLE TERRACE FL

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

TITLE VP ☐ Delete
NAME BARTLE J AZZARELLI, III
STREET ADDRESS 406 DRUID HILLS ROAD
CITY-ST-ZIP TAMPA FL 33617

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

TITLE VPAS ☐ Delete
NAME LANCASTER, PAUL
STREET ADDRESS 508 PINEWALK DRIVE
CITY-ST-ZIP BRANDON FL 33510

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *Bartle J. Azzarelli* BARTLE J. AZZARELLI 1-16-01 813-986-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)