

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/24

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90018 015 \*\*\*150.00

**DOCUMENT # J72866**

1. Entity Name

**DAILEY COMMUNICATIONS, INC.**

Principal Place of Business

Mailing Address

**405 Central Ave N**  
**100 2ND AVE N, STE 201**  
**ST. PETERSBURG FL 33701**  
**US**

**405 Central Ave N**  
**100 2ND AVE N, STE 201**  
**ST. PETERSBURG FL 33701**  
**US**

2. Principal Place of Business

**405 Central Ave Ste 201**  
 Suite, Apt. #, etc.  
**Ste 201**

3. Mailing Address

**405 Central Ave N**  
**SAME**  
 Suite, Apt. #, etc.  
**Ste 201**



DO NOT WRITE IN THIS SPACE

City & State

**St. Petersburg FL**  
 Zip  
**33701**  
 Country  
**U.S.**

City & State

**St. Petersburg, FL**  
 Zip  
**33701**  
 Country  
**U.S.**

4. FEI Number

**59-2805556**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**DAILEY, RICHARD R.**  
**3850 SHOREACRES BLVD., N.E.**  
**ST. PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

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

*Richard R. Dailey*

**April 19, 2001**

Signature typed or printed name of registered agent and fee 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

TITLE	PST	<input type="checkbox"/> Delete
NAME	DAILEY, RICHARD R.	
STREET ADDRESS	3850 SHOREACRES BLVD. NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAILEY, RICHARD R.	
STREET ADDRESS	3850 SHOREACRES BLVD. NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard R. Dailey** **5-3-01** **727-894-4477**

Date

Daytime Phone #

CR2E034 (10/00)