

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90371 038 ***150.00

DOCUMENT # J98976

1. Entity Name
DAWNTONY, INC.

Principal Place of Business
11420 NW 13 CT
PEMBROKE PINES FL 33026
US

Mailing Address
11420 NW 13 CT
PEMBROKE PINES FL 33026
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0007205**

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

SORRENTINO, ANTHONY
11420 NW 13 CT
PEMBROKE PINES FL 33026

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VTD** ☐ Delete
 NAME **SORRENTINO, ANTHONY**
 STREET ADDRESS **11420 NW 13 CT**
 CITY-ST-ZIP **PEMBROKE PINES FL**

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

TITLE **PSD** ☐ Delete
 NAME **SORRENTINO, DAWN**
 STREET ADDRESS **11420 NW 13 CT**
 CITY-ST-ZIP **PEMBROKE PINES FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/02 984-431-8137

Date Daytime Phone #

CR2E034 (4/02)

Uniform Business Report
Division of Corporations
P.O.Box1500
Tallahassee, FL 32302-1500

July 3, 2002

Attachment
Document #

J98976
119412

Dear Sir or Madam:

I am enclosing a check for \$150.00 for the renewal of our corporation, with the sincere hope that you will accept it.

I have no idea what happened, other than to say that I never received a renewal or bill. I always pay my bills on time, and am never late, but I do need the reminder. We have had the corporation for 15 years and I would never jeopardize our commitment to our company.

Please accept my apologies, and my check. I'll make a note in my check-book, so that this will not happen again.

We have trouble with mail delivery, because we have a lot of substitutes. Perhaps that's what happened.

Thanking you in advance, I am

Yours truly,



Dawn Sorrentino