2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K10916** 1. Entity Name DAVEROND L DALLOLL DA

FILED Apr 23, 2000 8:00 am Secretary of State

| HATINON | IU L. DALLUU, F.A. | | | 04-23-2000 9003 | |).00 |
|--|---|--|---------------------------------------|--|---------------------|---------------------|
| Principal Plac | e of Business | Mailing Address | | 1 | | |
| P.O. BOX 47565 ST. PETERSBURG FL 33743 | | P.O. BOX 47565 ST. PETERSBURG FL 33743-7565 | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | - | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN TI | HIS SPACE | |
| City & State | | City & State | | 4. FEI Number 59-2875017 | | oplied For |
| Zip | Country | Zip _ | Country | .5. Certificate of Status Desired | \$8.75 Add | ditional |
| | 6. Name and Address of Current F | Registered Agent | | 7. Name and Address of New Register | <u> </u> | |
| | | | Name | | | |
| 7989 | OU, RAYMOND L. CAUSEWAY BLVD NORTH | Street Address | | s (P.O. Box Number is Not Acceptable) | | |
| ST P | ETERSBURG FL 33707 | | City | | FL Zip Code | е |
| 8. The above | named entity submits this statement for | the purpose of changing its re | egistered office or regis | ered agent, or both, in the State of Florida. | | |
| | • | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE: | Registered Agent signature req | ed when reinstating) | NTE. | |
| 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, 2000 Fee will be \$550.00 Make Check Payable to Department of S | | 10. Election Campaign Financing Trust Fund Contribution. | | O May Be to Fees |
| 11. | OFFICERS AND I | _ <u></u> | 12. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BALLOU, RAYMOND L. 7989 CAUSEWAY BLVD NORTH ST PETERSBURG FL 33707 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
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| indicated | on this report or supplemental report is | true and accurate and that my | v signature shall have t | Section 119.07(3)(i), Florida Statutes. I furthe e same legal effect as if made under oath; th 07, Florida Statutes; and that my name appe | iat i am an officer | or airector |

changed, or on an attachment with an address, with all other like empowered.

