2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # K97400** DALY COMPANIES, INC. 4-25-2001 90132 042 ***150.00 Principal Place of Business Mailing Address 4051 S US HWY 17-92 P.O. BOX 1870 CASSELBERRY FL 32707 PALM CITY FL 34991 3. Mailing Address 2. Principal Place of Business PO DOD 982 SW Blue stem 1256 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Stuart Applied For City & State 4. FEI Number 65-0181507 Stumit Not Applicable Zip 34996 Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required MJA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DALY, FRANK P III Street Address (P.O. Box Number is Not Acceptable) 5547 S.W. CORAL TREE LANE PALM CITY FL 34990 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Mange Addition TITLE ☐ Delete TITLE 982 Sw Blue stem way DALY, FRANK P III NAME NAME STREET ADDRESS 5547 S.W. CORAL TREE LANE STREET ADDRESS Stuart FL 34997 CITY-ST-7IP CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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