

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFESSIONAL  
999  
FLORIDA DEPARTMENT OF STATE  
Marlene Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 28 AM 8:46

DOCUMENT # L71481

1. Corporation Name

DFR Corp

Principal Place of Business

Mailing Address

8004 N. Armenia Ave.  
Tampa, FL 33629

8004 N. Armenia Ave.  
Tampa, FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-3015397

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

22

27

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

City & State

City & State

Trust Fund Contribution

☐

23

28

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Debra F. Rosenthal  
8004 N. Armenia Ave  
Tampa, FL 336

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME Debra F. Rosenthal

1.2 NAME

400003349844--1

STREET ADDRESS 8004 N. Armenia Ave.

1.3 STREET ADDRESS

-08/08/00--01088--010

CITY-ST-ZIP Tampa, FL 33604

1.4 CITY-ST-ZIP

\*\*\*\*300.00 \*\*\*\*300.00

TITLE ☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra F. Rosenthal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/00

CR25234 (11/08)