

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
 02-15-2001 90051 017 ***150.00

0053740

DOCUMENT # M78126

1. Entity Name
DAGASA, INC.

Principal Place of Business

3107 BARCELONA ST
 TAMPA FL 33629
 US

Mailing Address

3107 BARCELONA ST
 TAMPA FL 33629
 US

C0021634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1713 Lois Ave

Suite, Apt. #, etc.

Suite 200

City & State

Tampa FL

Zip

33629

Country

Hillsborough

3. Mailing Address

1713 Lois Ave

Suite, Apt. #, etc.

Suite 200

City & State

Tampa FL

Zip

33629

Country

Hillsborough

4. FEI Number **59-2879173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STERN, ROBERT
 BARNETT PLAZA, STE 2700
 101 E KENEDY BLVD
 TAMPA FL 33602**

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

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 \$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 ☐ Delete
 NAME **DPT**
 STREET ADDRESS **GABLER, JOHN R**
 CITY-ST-ZIP **3112 W TAMBAY AVE**
TAMPA FL

TITLE ☐ Delete
 NAME **DVS**
 STREET ADDRESS **GABLER, JAY R**
 CITY-ST-ZIP **~~2416 W ALLINE ST.~~ 3226 LAWN AVE**
TAMPA FL

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **GABLER, JOHN**
 CITY-ST-ZIP **3112 W TAMBAY AVE**
TAMPA FL

TITLE ☒ Delete
 NAME **PIPPEN, JEFF**
 STREET ADDRESS **4210 BARCELONA**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)