

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98146

1. Entity Name

DAKE ENTERPRISES, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90026 018 ***150.00

Principal Place of Business

Mailing Address

13617 ATLANTIC BLVD
JACKSONVILLE FL 32225
US

~~7841 BAYBERRY ROAD~~
~~JACKSONVILLE FL 32225-3234~~
US

2. Principal Place of Business

3. Mailing Address

13617 Atlantic Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, Fla

4. FEI Number

59-2924143

Applied For

Not Applicable

Zip

Country

Zip

Country

32225

US

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

DAKE, FREDERICK L
~~7841 BAYBERRY ROAD~~
~~JACKSONVILLE FL 32250~~

Name

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

13617 Atlantic Blvd

City

Jacksonville

FL

Zip Code

32225

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/19/00

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 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	P	<input type="checkbox"/> Delete
NAME	DAKE, GERALD L	
STREET ADDRESS	7701 BAYBERRY RD 13617 Atlantic Blvd	
CITY-ST-ZIP	JACKSONVILLE FL 32250 Jacksonville 32225	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAKE, FREDERICK L	
STREET ADDRESS	7701 BAYBERRY RD 13617 Atlantic Blvd	
CITY-ST-ZIP	JACKSONVILLE FL 32250 Jacksonville Fla 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: FREDERICK L. DAK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00 904 221-9290

CR2E034 (9/99)