

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90075 022 ***158.75

DOCUMENT # P00000001783

1. Entity Name
DLO ENTERPRISES, INC.

Principal Place of Business
**BOX 87 HAMBONE PRIVATE DR.
BRYCEVILLE FL 32009**

Mailing Address
**BOX 87 HAMBONE PRIVATE DR.
BRYCEVILLE FL 32009**

936879



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7400 Hambone Rd Dr
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 215
Suite, Apt. #, etc.

City & State
Bryceville, FL

City & State
Bryceville, FL

4. FEI Number
59-3621236

Applied For
☐ Not Applicable

Zip
32009

Country
Nassau

Zip
32009

Country
Nassau

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

**O'NEAL, DANIEL L
BOX 87 HAMBONE PRIVATE DR.
BRYCEVILLE FL 32009**

Name

Street Address (P.O. Box Number is Not Acceptable)
7400 Hambone Rd Dr

City
Bryceville

FL

Zip Code
32009

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/Secretary** ☐ Delete
NAME **Daniel L. O'Neal**
STREET ADDRESS **7400 Hambone Rd Dr**
CITY-ST-ZIP **Bryceville, FL 32009**

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

TITLE **Vice President/Treasurer** ☐ Delete
NAME **Betty B. O'Neal**
STREET ADDRESS **7400 Hambone Rd Dr**
CITY-ST-ZIP **Bryceville, FL 32009**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Daniel L. O'Neal**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01 (904) 879-6767

Date Daytime Phone #

CR2E034 (10/00)