

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90131 010 ***150.00

04/18/03 08:00 AM

DOCUMENT # P00000024548

1. Entity Name
DASTO AMTEL, INC.



Principal Place of Business
~~6126 OAK CLUSTER CIRCLE~~
TAMPA FL 33634

Mailing Address
~~6126 OAK CLUSTER CIRCLE~~
TAMPA FL 33634



2. Principal Place of Business
5590 ULMERTON ROAD

3. Mailing Address
SAME

Suite, Apt. #, etc. 200

Suite, Apt. #, etc. SAME

City & State Clearwater, FL

City & State SAME

Zip 33760 Country USA

Zip SAME Country SAME

CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3632112

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAIRNS, KATERINA D
~~6126 OAK CLUSTER CIRCLE~~
TAMPA FL 33634

5590 ULMERTON ROAD
SUITE 200
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CAIRNS, KATERINA D	
STREET ADDRESS	6126 OAK CLUSTER CIRCLE	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CAIRNS, ROBERT S	
STREET ADDRESS	6126 OAK CLUSTER CIRCLE	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ **Date** _____ **Daytime Phone #** _____

CR2E034 (10/02)