2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

06-19-2001 90878 030 ***150.00

[redacted]

DOCUMENT # P00000036001

1. Entity Name: Dorsfey Inc. (FA)

Principal Place of Business: 1208 N. Parsons Ave, Brandon FL 33510

Mailing Address: Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1208 N. Parsons Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brandon FL	City & State
Zip: 33510 Country: USA	Zip Country

4. FEI Number: 59-3637593 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: William M. Tranick President

7. Name and Address of New Registered Agent
Name: Spiegel and Utrera RA.
Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Ave
City: Coral Gables FL Zip Code 33134

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 ____________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	William M. Tranick President, 1208 N. Parsons Ave, Brandon FL 33510	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wazee Tranick Vice President, 1208 N. Parsons Ave, Brandon FL 33510	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (☐ Change ☐ Addition)

Check not completely filled out.

CR2E034 (11/00)

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 #