


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 13, 2004 8:00 am
Secretary of State

07-15-2004 90007 011 ***150.00
08-13-2004 90072 004 ***400.00

DOCUMENT # 1. Entity Name P00000042713 DOLLACKAND USA INC	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4917 S.W. 13th Ave Suite, Apt. #, etc.	3. Mailing Address 4917 S.W. 13th Ave Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State CAPE CORAL FL. 33914	City & State CAPE CORAL FL.	4. FEI Number 65-1004135	Applied For <input type="checkbox"/> Not Applicable
Zip 33914	Country	Zip 33914	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **THOMAS A. PIATKOWSKI**
Street Address (P.O. Box Number is Not Acceptable)
4917 S.W. 13th Ave
City **CAPE CORAL** FL **33914**

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

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

(NOTE: Registered Agent signature required when revisiting)

DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS A PIATKOWSKI 4917 S.W. 13th AVE CAPE CORAL FL. 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVID LUCIANI 25711 INLOT WAY CT BONITA SPRINGS FL. 34135
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **THOMAS A PIATKOWSKI** 7-10-04 239 334-2336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)