

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90619 048 ***150.00

DOCUMENT # P00000068422

1. Entity Name

DISACER, INC.

Principal Place of Business

Mailing Address

~~4830 W. KENNEDY BLVD., SUITE 630~~
~~TAMPA FL 33609-2571~~

~~4830 W. KENNEDY BLVD., SUITE 630~~
~~TAMPA FL 33609-2571~~

2. Principal Place of Business

877 Executive Center Dr. W.

3. Mailing Address

877 Executive Center Dr. W.

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3660849

Applied For

Not Applicable

Zip

33702

Country

USA

Zip

33702

Country

USA

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

Name

Brian O'Donnell

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

877 Executive Center Dr. W.

Suite 105

City

St. Petersburg

FL

Zip Code

33702

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 **D** ☒ Delete
NAME **MARTIN, EVARISTO M**
STREET ADDRESS **CTRA. VALENCIA-BARCELONA KM. 44,3**
CITY-ST-ZIP **1250 NULES (CASTELLON) SPAIN**

TITLE **D** ☐ Change ☒ Addition
NAME **Rafael Benavent**
STREET ADDRESS **Ctra. Valencia-Barcelona Km. 44,3**
CITY-ST-ZIP **1250 Nules (Castellon) Spain**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Esteban Bou**
STREET ADDRESS **Ctra. Valencia-Barcelona Km. 44,3**
CITY-ST-ZIP **1250 Nules (Castellon) Spain**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DPST** ☐ Change ☒ Addition
NAME **Jose Luis Lanuza**
STREET ADDRESS **Ctra. Valencia-Barcelona Km. 44,3**
CITY-ST-ZIP **1250 Nules (Castellon) Spain**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Brian O'Donnell**
STREET ADDRESS **877 Executive Center Dr. W., Suite 105**
CITY-ST-ZIP **St. Petersburg, FL 33702**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brian O'Donnell, Vice President

Date

Daytime Phone #

727-865-2792

727-578-8453

CR2E034 (10/00)