2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am Secretary of State **DOCUMENT # P00000077304** *FITZ-DALTON ENTERPRISES, INC. 03-05-2001 90012 015 ***150.00 Principal Place of Business Mailing Address 136 MORNING GLORY DRIVE 136 MORNING GLORY DRIVE LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Angela Dalton-Fitzgibbons BERKSON, GARY M Street Address (P.O. Box Number is Not Acceptable) 13 6 Morning Glory Dr. 1132 SYMONDS AVENUE WINTER PARK FL 32789 Zip Code 32746 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 ngela Datton Fitzgibbons - Sect freas. SIGNATURE d title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE FITZGIBBONS, BRIAN M NAME NAME 136 MORNING GLORY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Change ☐ Addition ☐ Delete TITLE NAME FITZGIBBONS, ANGELA D NAME STREET ADDRESS 136 MORNING GLORY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED

SIGNATURE: Will Will And Types of Printegrams of Signing Officer or Director Date Date Dayline Phone #