

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90153 016 ***150.00

DOCUMENT # P01000009442

1. Entity Name

DALTART INC.



DO NOT WRITE IN THIS SPACE

90066135

2. Principal Place of Business

6808 BRIDLEWOOD CT.

Suite, Apt. #, etc.

3. Mailing Address

6808 BRIDLEWOOD CT.

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

33433

Country

U.S.A.

Zip

33433

Country

U.S.A.

4. FEI Number

651073606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

AUDREY C. DALTON

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

6808 BRIDLEWOOD CT.

City

BOCA RATON

FL

Zip Code

33433

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IN THIS SPACE**

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 reinstating)

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 **P** **PRESIDENT**
NAME **AUDREY C. DALTON**
STREET ADDRESS **6808 BRIDLEWOOD CT.**
CITY-ST-ZIP **BOCA RATON, FL. 33433**

TITLE **VP** **VICE PRESIDENT**
NAME **" "**
STREET ADDRESS **" "**
CITY-ST-ZIP **" "**

TITLE **S** **SECRETARY**
NAME **" "**
STREET ADDRESS **" "**
CITY-ST-ZIP **" "**

TITLE **T** **TREASURER**
NAME **" "**
STREET ADDRESS **" "**
CITY-ST-ZIP **" "**

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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: Audrey C. Dalton **AUDREY C. DALTON** 3/28/03 (S61)367-8925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)