## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P01000020486

1. Entity Name

RICHARD B. DALY CORPORATION



**FILED** Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90213 020 \*\*\*150.00

Principal Place of Business 300 SOUTH PINE ISLAND ROAD SUITE 110 PLANTATION FL 33324			Mailing Address 300 SOUTH PINE ISLAND ROAD SUITE 110 PLANTATION FL 33324							
2. Principal Place of Business			3. Mailing Address					8000 <b>00</b> 000 1100 8000 000	<u> </u>	
5756 NW 53rd Court			5756 NW 53rd Court							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State							
Coral Springs, FL			Coral Springs, FL			4.1	FEI Number 65-1087174	<b>├</b> ── <b>├</b>	Applied For Not Applicable	
Zip					untry			□ \$8.75 A		
33067	· · · · · · · · · · · · · · · · · · ·		33067						red	
6. Name and Address of Current					7. Name and Address of New Registered Agent					
_					Name					
FISCHER, STEVEN			Street Addres		ddress (PO B	s (P.O. Box Number is Not Acceptable)				
300 SOUTH PINE ISLAND ROAD SUITE 110			Street Addres		daless (r.O. d	TO SON NUMBER IS INCLACCEPTABLE)				
PLANTATI	ON FL 33324									
			City			. <u></u>		FL Zip Co	de	
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 nar	те of registered agent and	title if applicable. (NO	TE: Registere	d Agent signate	ure required when re	einstating)	DATE		
After	LE NOW!!! FEE IS May 1, 2003 Fee w Payable to Florida	State				Election Campaign Financ     Trust Fund Contribution.		00 May Be ed to Fees		
10.		OFFICERS AND DI	RECTORS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DALY, RICHARD 300 SOUTH PINE ISLAND ROAD SUITE 1				E Et address		W 53rd Court	<b>▼</b> ] Change	☐ Addition	
CITY-ST-ZIP	PLANTATION FL 3	3324		CITY	-ST-ZIP	Coral	Springs, FL 3306	7		
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CITY-ST-ZIP	A-647		****	CITY	-ST-ZIP					
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NAME				NAM	E			_ ~		
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP		No.		CITY-	-ST-ZIP					
indicated of the corp	on this report or supple coration or the receiver	emental report is tre or trustee empowe	ue and accurate and that	my signat t as requir	ure shall ha	ave the same l	119.07(3)(i), Florida Statutes. I fur egal effect as if made under oath da Statutes; and that my name ap	ı; that I am an office	r or director	

REQUIRERICHARD Daly SIGNATURE: 5

(954) 346-4971