

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90352 038 ***150.00

0440212 AV

DOCUMENT # P01000077698

1. Entity Name
DAP CORPORATION

Principal Place of Business
312 E. 124TH AVENUE
TAMPA FL 33612

Mailing Address
P.O. BOX 82749
TAMPA FL 33682-274



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3737557

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEREZ, BARBARA F
312 E. 124TH AVENUE
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	DEVOE, THOMAS W SR.	
STREET ADDRESS	5441 FULMAR DR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	V	<input type="checkbox"/> Delete
NAME	PEREZ, DENNIS A	
STREET ADDRESS	2780 N. RIVERSIDE DR. #304	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEREZ, BARBARA F	
STREET ADDRESS	2780 N. RIVERSIDE DR. #304	
CITY-ST-ZIP	TAMPA FL 33620-2	
TITLE	T	<input type="checkbox"/> Delete
NAME	BORGES DEVOE, DEBBIE L	
STREET ADDRESS	5441 FULMAR DR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	9033 Cliff Lake Ln.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tampa, FL 33614	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	9033 Cliff Lake Ln	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tampa, FL 33614	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Barbara Perez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02 (813) 935-4894

Date

Daytime Phone #

CR2E034 (9/01)