

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90040 048 ***150.00

DOCUMENT # P01000092656

1. Entity Name

DACO WORLDWIDE MARKETING CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2771-29 Monument Rd.

3. Mailing Address

2771-29 Monument Rd

Suite, Apt. #, etc.
#244

Suite, Apt. #, etc.
#244

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville, FL

4. FEI Number

22-3838258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DONALDSON, TAWANDA K.

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

12856 SOUTHERN HILLS CIRCLE E.

City

JACKSONVILLE

FL

Zip Code

32225

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 registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HUGO R. DONALDSON
2771-29 Monument RD #244
JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
TAWANDA K. DONALDSON
2771-29 Monument RD #244
JACKSONVILLE, FL 32225

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/02 904 642-8338

CR2E034B (12/01)