

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

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90141 009 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # *PO1000097120*

1. Entity Name

DILAUR CORPORATION ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *10339 CANOE BROOK CIR* 3. Mailing Address *10339 CANOE BROOK CIR*

Suite, Apt. #, etc.

City & State *BOCA RATON* City & State *Boca Raton FL*

Zip *33498* Country Zip *33498* Country

4. FEI Number *431957227* Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *SKRABONJA RANDALL G*
Street Address (P.O. Box Number is Not Acceptable) *10339 CANOE BROOK CIR*
City *BOCA RATON* FL Zip Code *33498*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	<i>SKRABONJA RANDALL G 10339 CANOE BROOK CIR BOCA RATON FL 33498</i>
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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]* Date *3/20/03* Daytime Phone # *561.470.3441*

CR2E034B (12/01)