

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90087 042 ***150.00

DOCUMENT # P01000116354

1. Entity Name
DALE MARKETING CORPORATION

Principal Place of Business

**7604 S 34 AVENUE
TAMPA FL 33619**

Mailing Address

**7604 S 34 AVENUE
TAMPA FL 33619**

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

80-0022317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, SCOTT F

**200 S HOOVER BLVD BLDG 201 STE 140
TAMPA FL 33609**

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. 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

**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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
PERRY, DALE
7604 S 34 AVENUE
TAMPA FL 33619**

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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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 Block 12 if changed, 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 #

CR2E034 (4/02)

Attachment

PO1 000116354
FEIN: 80-0022317

Dale Perry, President
Dale Marketing Corporation
7604 South 34th Avenue
Tampa, FL 33619

September 10, 2002

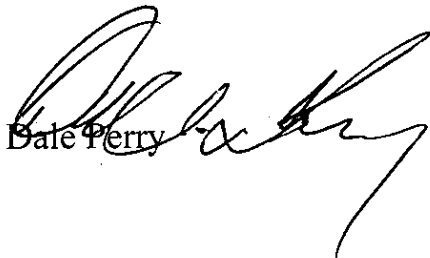
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Enclosed Notice of Administrative Dissolution

This letter is written in response to the attached Notice of Administrative Dissolution I have recently received. I request that the Department of State consider reinstating Dale Marketing Corporation and waiving the reinstatement fee because I previously have never received any notices to file.

I pray that the state will allow me to continue as Dale Marketing Corporation due to the fact that my failure to file reports *was not intentional*. I have included a check for \$150 to pay my annual fees for 2002.

Sincerely,--


Dale Perry