

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91148 025 \*\*\*150.00

0471156 AV

**DOCUMENT # P02000049805**

1. Entity Name  
**DADA ENCOUNTERS, INC.**



Principal Place of Business  
**8228 SOLANO BAY LOOP  
SUITE 826  
TAMPA FL 33635**

Mailing Address  
**8228 SOLANO BAY LOOP  
SUITE 826  
TAMPA FL 33635**

2. Principal Place of Business  
**9548 84th ST N**  
Suite, Apt. #, etc.

3. Mailing Address  
**9548 84th ST N**  
Suite, Apt. #, etc.

City & State  
**LARGO, FL**  
Zip  
**33777**  
Country  
**USA**

City & State  
**LARGO, FL**  
Zip  
**33777**  
Country  
**USA**

4. FEI Number  
**02-0598012**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

**7. Name and Address of New Registered Agent**

Name  
**CARY STRUKEL**  
Street Address (P.O. Box Number is Not Acceptable)  
**9548 84th ST N**  
City  
**LARGO FL 33777** **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 **CARY A STRUKEL, PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/30/03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
STRUKE, CARL A  
8228 SOLANO BAY LOOP SUITE 826  
TAMPA FL 33635** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVD  
BORDEAUX, MHARIA C  
8228 SOLANO BAY LOOP SUITE 826  
TAMPA FL 33635** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
STRUKE, CARY A  
9548 84th ST N  
LARGO, FL 33777** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CARY A STRUKEL, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/30/03**

Date

**727-391-1992**

Daytime Phone #

CR2E034 (10/02)