

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000000976

1. Entity Name

DARA CONSTRUCTION, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90284 004 ***150.00

Principal Place of Business

62 FRANKLIN AVE.
PONTE VEDRA BEACH FL 32084

Mailing Address

P.O. BOX 1232
PONTE VEDRA BEACH FL 32004

2. Principal Place of Business

3. Mailing Address

62 Franklin Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ponte Vedra Beach FL

Zip

Country

32082

U.S.A

4. FEI Number

59-3152942

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

DARAGJATI, TISH
62 FRANKLIN AVE.
PONTE VEDRA BEACH FL 32084

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME DARAGJATI, TISH
STREET ADDRESS 62 FRANKLIN AVE.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32084 ☐ Delete

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

TITLE T
NAME DARAGJATI, LISA
STREET ADDRESS 62 FRANKLIN AVE.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32084 ☐ Delete

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

TITLE S
NAME DARAGJATI, LAZER
STREET ADDRESS 62 FRANKLIN AVE.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32084 ☐ Delete

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

TITLE V
NAME DARAGJATI, PAUL
STREET ADDRESS 14336 CRYSTAL COVE DR SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Tish Daragjati 4/23/01

Date

Daytime Phone #

904-285-1369

CR2E034 (10/00)