

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027202

1. Entity Name  
DARTMOUTH DEVELOPMENT I, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90104 025 \*\*\*150.00

Principal Place of Business

6699 90TH AVE N  
PINELLAS PARK FL 33782  
US

Mailing Address

6699 90TH AVE N  
PINELLAS PARK FL 33782  
US

2. Principal Place of Business

742 - 2ND AVE. S.

3. Mailing Address

742 - 2ND AVE. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL.

City & State

ST. PETERSBURG, FL.

Zip

33701

Country

PINELLAS

Zip

33701

Country

PINELLAS

4. FEI Number 59-3178433

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MAGGIO, FRANK  
6699 90TH AVENUE NORTH  
SUITE 960  
PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

Name: MAGGIO, FRANK S.  
Street Address (P.O. Box Number is Not Acceptable):  
742 - 2ND AVE. S.  
City: ST. PETERSBURG FL Zip Code: 33701

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:  FRANK S. MAGGIO

5/1/01

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: P ☐ Delete  
NAME: MAGGIO, FRANK S.  
STREET ADDRESS: 6699 90TH AVE N  
CITY-ST-ZIP: PINELLAS PARK FL 33782

TITLE: P ☒ Change ☐ Addition  
NAME: MAGGIO, FRANK S.  
STREET ADDRESS: 742 - 2ND AVE. S.  
CITY-ST-ZIP: ST. PETERSBURG, FL. 33701

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

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

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

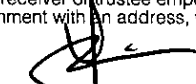
TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

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:



FRANKSMAGGIO

5-1-01 727-541-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)