

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038464

1. Entity Name

DAITO CORP. USA

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90154 048 ***150.00

Principal Place of Business

15 NATIONAL PLACE
#145
LONGWOOD FL 32750
US

Mailing Address

155 NATIONAL PLACE
#145
LONGWOOD FL 32750
US

2. Principal Place of Business

1060 CEPHAS DRIVE
Suite, Apt. #, etc.

3. Mailing Address

1060 CEPHAS DRIVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER, FL
Zip 33765 Country USA

City & State

CLEARWATER, FL
Zip 33765 Country USA

4. FEI Number 59-3191285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, R C
1253 PARK STREET
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

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

TITLE DPST
NAME HEUSER, NORBERT
STREET ADDRESS 43 SCHWARZWALD ST.
CITY-ST-ZIP RHEINAU-2 GE ☐ Delete

TITLE VP
NAME SANDELL, ROBERT
STREET ADDRESS 834 LANTANA ST
CITY-ST-ZIP CLEARWATER FL ☒ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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: NORBERT HEUSER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 30 2001

Date

Daytime Phone #

CR2E034 (10/00)