

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90209 041 \*\*\*550.00

**DOCUMENT # P93000078098**

1. Entity Name

**DAK CORPORATION OF TAMPA**

Principal Place of Business

101 E KENNEDY BLVD  
SUITE 3925  
TAMPA FL 33602  
US

Mailing Address

101 E KENNEDY BLVD  
SUITE 3925  
TAMPA FL 33602  
US

2. Principal Place of Business

2910 W. Bay To Bay Blvd.  
Suite, Apt. #, etc.  
Suite 200City & State  
Tampa FLZip  
33629Country  
USA

3. Mailing Address

2910 W. Bay To Bay Blvd.  
Suite, Apt. #, etc.  
Suite 200City & State  
Tampa FLZip  
33629Country  
USA**A0073462**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3210863**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

KENNEDY, DAVID A  
101 E KENNEDY BLVD  
SUITE 3925  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name **David A. Kennedy**  
Street Address (P.O. Box Number is Not Acceptable)  
2910 W. Bay To Bay Blvd.  
Suite 200  
City **Tampa** **FL** Zip Code **33629**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

TITLE **D** ☐ Delete  
NAME **KENNEDY, DAVID A**  
STREET ADDRESS **101 E KENNEDY BLVD., SUITE 3925**  
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8/11/00**  
Date**813 2217 525**  
Daytime Phone #

CR2E034 (5/00)