## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Mar 20, 2000 8:00 am DOCUMENT # **P94000049068 Secretary of State** DYLOR MANAGEMENT, INC. 03-20-2000 90042 010 \*\*\*150.00 Principal Place of Business Mailing Address 4244 EL MAR DRIVE 4244 EL MAR DRIVE LAUDERDALE BY THE SEA FL 33308-5497 LAUDERDALE BY THE SEA FL 33308-5440 00039791 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0572690 Not Applicable \$8.75 Additional Zip Country Zip $\Box$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BOUTIN, DIANE Y** Street Address (P.O. Box Number is Not Acceptable) 4244 EL MAR DRIVE LAUDERDALE BY THE SEA FL 33308-5497 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE **BOUTIN, DIANE Y** NAME NAME STREET ADDRESS STREET ADDRESS **4244 EL MAR DRIVE** CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308-5497 CITY-ST-ZIP ☐ Addition TITLE TITLE VASSELLO, LORI Bouting Rollande D. 4244 EL MAR DRIVE NAME NAME STREET ADDRESS STREET ADDRESS 4244 EL MAR DRIVE CITY-ST-ZIE LBLS, FI 53308-5497 CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308-5497 Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.