2001 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P94000071293 DALKALITSIS EQUIPMENT CORPORATION 01-25-2001 90115 001 ***150.00 Mailing Address Principal Place of Business 2631-A NW 41ST ST 2401 FOREST DRIVE GAINESVILLE FL 32606 INVERNESS FL 34453 n u o 4 u u 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3273706 Not Applicable Country \$8.75 Additional Zip Country \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 KING, WILLIAM D. Street Address (P.O. Box Number is Not Acceptable) 2631 N.W. 41ST STREET SUITE A **GAINESVILLE FL 32606** Zip Code 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 reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TREASURER Change ☐ Addition ☐ Delete TITLE TITLE KING, WILLIAM D. NAME STREET ADDRESS STREET ADDRESS 2631-A NW 41ST ST CITY-ST-ZIP CITY-ST-ZIE GAINESVILLE FL 32606 Addition Change ☐ Delete TITLE PRESIDENT TITLE THEADORA DALKALITSIS NAME STREET ADDRESS 2401 FOREST DRIVE STREET ADDRESS INVERNESS AL 34450 CITY-ST-ZIP CITY-ST-ZIF Addition SECRETARY ☐ Change TITLE ☐ Delete TITLE DIMITRIOS DALKALITSIS NAME NAME 2401 FOREST DRIVE STREET ADDRESS STREET ADDRESS 34450 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

FILED

WILLIAM D. KING NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER