

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2000 8:00 am
Secretary of State

06-15-2000 90005 035 ***158.75

DOCUMENT # R94 00089432

1. Entity Name
DI TOLLO DEVELOPMENT, INC. R

Principal Place of Business **Mailing Address**

24 NE 24TH AVE
DOMRANO BEACH, FL 33062

2. Principal Place of Business **3. Mailing Address**

NEW ADDRESS AS ABOVE SAME AS ABOVE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0089553 **Applied For**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required** ☐ Not Applicable

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

Name
ANTHONY DITOLLO, III

Street Address (P.O. Box Number is Not Acceptable)
24 NE 24TH AVE

City DOMRANO BEACH **FL** **Zip Code** 33062

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 Anthony Ditollo, III 6/14/2000

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, 2000 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	
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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: Adam Benjamin, CFO 6/14/2000 954-941-3329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)