

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90135 035 ***150.00

0399021 AV

DOCUMENT # P95000006679

1. Entity Name
DALCO PROPERTIES, INC.



Principal Place of Business
**2200 CORPORATE BLVD., NW. STE. 401
BOCA RATON FL 33431**

Mailing Address
**2200 CORPORATE BLVD., NW. STE. 401
BOCA RATON FL 33431**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0554507**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HCRM CORP.
2200 CORPORATE BLVD., NW, STE. 401
BOCA RATON FL 33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **CHPD
DUPREY, LAWRENCE A** ☐ Delete
STREET ADDRESS **C/O 2200 CORPORATE BLVD., N.W., STE 401**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE
NAME **SD
COOK, JOSEPH R** ☐ Delete
STREET ADDRESS **C/O 2200 CORPORATE BLVD., N.W., STE 401**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE
NAME **VP
NETTO, CHERYL** ☐ Delete
STREET ADDRESS **C/O 2200 CORPORATE BLVD., N.W., STE 401**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

561-997-9223

Date

Daytime Phone #

CR2E034 (10/02)