

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008673

1. Entity Name

DALTON ENTERPRISES LIMITED, INCORPORATED

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90357 023 ***158.75

Principal Place of Business

3205 S ACCESS RD
ENGLEWOOD FL 34223

Mailing Address

3205 S ACCESS RD
ENGLEWOOD FL 34223

2. Principal Place of Business

3579 S. Access Rd

3. Mailing Address

3579 S. Access Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood FL

City & State

Englewood FL

Zip

34224

Country

Charlotte

Zip

34224

Country

Charlotte

4. FEI Number

65-0553023

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALTON, RHONDA L
3205 S ACCESS RD
ENGLEWOOD FL 34223

Name

Street Address (P.O. Box Number is Not Acceptable)

3579 S. Access Rd

City

Englewood

FL

Zip Code

34224

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DALTON, RHONDA L	
STREET ADDRESS	3205 S ACCESS RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALTON, BRIAN M	
STREET ADDRESS	3205 S ACCESS RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dalton, Rhonda	
STREET ADDRESS	3579 S. Access Rd.	
CITY-ST-ZIP	Englewood, FL 34224	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dalton, Brian	
STREET ADDRESS	3579 S. Access Rd.	
CITY-ST-ZIP	Englewood, FL 34224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rhonda L Dalton

Rhonda L. DALTON

3/2/2001

941-475-1335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)