

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90184 011 ***158.75

DOCUMENT # P95000038734

1. Entity Name

DLD COMMERCIAL REALTY, INC.

Principal Place of Business

2295 CORPORATE BLVD NW
SUITE 117
BOCA RATON FL 33431

Mailing Address

2295 CORPORATE BLVD NW
SUITE 117
BOCA RATON FL 33431

2. Principal Place of Business

3102 POST OAK COURT
Suite, Apt. #, etc.

3. Mailing Address

3102 POST OAK CT
Suite, Apt. #, etc.

City & State

WINTER HAVEN, FLA

City & State

WINTER HAVEN, FLA

Zip
33884

Country

Zip
33884

Country

4. FEI Number

65-0579575

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DONOVAN, DALE L
2295 CORPORATE BLVD NW
SUITE 117
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: DONOVAN, DALE L.

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

3102 POST OAK COURT

City

WINTER HAVEN

FL

Zip

33884

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.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DONOVAN, DALE L
2295 CORPORATE BLVD NW SUITE 117
BOCA RATON FL 33431

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3102 POST OAK COURT
WINTER HAVEN, FLORIDA 33884

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)