

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**  
 01-26-2001 90162 016 \*\*\*150.00

**DOCUMENT # P95000066601**

1. Entity Name  
**DOLCI ENTERPRISES INC.**

Principal Place of Business  
**1220 SOUTH DALE MABRY HIGHWAY  
 TAMPA FL 33629**

Mailing Address  
**1220 SOUTH DALE MABRY HIGHWAY  
 TAMPA FL 33629**

2. Principal Place of Business  
**4201 WINDING WILLOW DR**

3. Mailing Address  
**4201 WINDING WILLOW DR**

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33624**

Country

4. FEI Number **59-3335306**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DOLCIMASCOLO, JOSEPH J  
 1220 SOUTH DALE MABRY HIGHWAY  
 SUITE 205  
 TAMPA FL 33629**

7. Name and Address of New Registered Agent  
 Name **DOLCIMASCOLO, Joseph J**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4201 WINDING WILLOW DR**  
 City **TAMPA** FL **33624**

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 **Joseph J. Dolcimascolo** **Joseph J. Dolcimascolo** **PRESIDENT** **1/17/2001**  
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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOLCIMASCOLO, JOSEPH J 714 SO. FEIDLING TAMPA FL 33606</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dolcimascolo Joseph J 4201 WINDING WILLOW DR TAMPA, FL 33624</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Joseph J. Dolcimascolo** **Joseph J. Dolcimascolo** **1/17/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)