

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90214 035 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000069343

1. Entity Name
DASCO OF TAMPA, INC.



Principal Place of Business
2801 E HILLSBOROUGH AVE
TAMPA WHOLESALE PRODUCE MARKET
TAMPA, FL 33610

Mailing Address
PO BOX 0555
BRANDON, FL 33509

94073666



2. Principal Place of Business
401 SUNSET DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004

Chg-P

CR2E034 (10/03)

City & State
BRANDON, FLORIDA

City & State

4. FEI Number
59-3353149

Applied For
Not Applicable

Zip
33511

Country
HILLSBOROUGH

Zip

Country

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

SCOLARO, NOELLE
401 SUNSET DRIVE
BRANDON, FL 33511

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
SCOLARO, NOELLE L
401 SUNSET DR
BRANDON, FL 33511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
SCOLARO, DONALD A JR
2601 BERRYVINE PLACE
VALRICO, FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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: NOELLE L. SCOLARO

4/29/04

813 689-4396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #