

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90133 027 ***150.00

DOCUMENT # P96000027447

1. Entity Name
DACO DEWATERING, INC.



Principal Place of Business
**405 UNITED DR
NEW SMYRNA BEACH FL 32168
US**

Mailing Address
**P O BOX 818
NEW SMYRNA BEACH FL 32170
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3369542**

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

**BRADLEY, DAVID J
2424 TECCA DR
NEW SMYRNA BEACH FL 32168**

Name **Bradley, David J.**
Street Address (P.O. Box Number is Not Acceptable)

2440 Selleck Ave.

City **New Smyrna Bch**

FL

Zip Code **32168**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BRADLEY, DAVID J	
STREET ADDRESS	2440 SELLECK AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Jessica Clanton	
STREET ADDRESS	196 N. Timberlane Dr.	
CITY-ST-ZIP	New Smyrna Bch, FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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

3-4-03

Date

386-426-6242

Daytime Phone #

CR2E034 (10/02)