

# 2000 UNIFORM BUSINESS REPORT (UBR)

0052328

DOCUMENT # P96000033110

1. Entity Name

DALLYMASTER, INC.

APPROVED  
AND  
FILED

00 APR 10 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3121 HARTSFIELD RD.  
TALLAHASSEE FL 32303

Mailing Address

3121 HARTSFIELD RD.  
TALLAHASSEE FL 32303-3149

2. Principal Place of Business

473 Quail Run  
Suite, Apt. #, etc.

3. Mailing Address

473 Quail Run  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Crawfordville FL

City & State

Crawfordville FL

4. FEI Number

59-3384411

Applied For

Not Applicable

Zip

32327

Country

USA

Zip

32327

Country

USA

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

MITCHELL, CHARLES B III  
3121 HARTSFIELD RD.  
TALLAHASSEE FL 32303

Name  
Dena Grippo

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

473 Quail Run

City  
Crawfordville

FL

Zip Code

32327

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 Dena Grippo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-00

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, 2000 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	P MITCHELL, CHARLES 3121 HARTSFIELD RD TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAYNE, WAYNE 3121 HARTSFIELD ROAD TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRELL, KEITH 3121 HARTSFIELD RD TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 473 Quail Run Crawfordville, FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dena Grippo 473 Quail Run Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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: Howard K. Harrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard K. Harrell

Date

Daytime Phone #

4-10-00 850-905-0016

CR2E034 (9/99)