2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000033167** May 11, 2000 8:00 am 1. Entity Name Secretary of State DT HOLDINGS CORP. 05-11-2000 90089 001 ***750.00 Principal Place of Business Mailing Address 215 5TH ST. 215 5TH ST. SUITE 108 SUITE 108 WEST PALM BEACH FL 33401-4026 WEST PALM BEACH FL 33401 Principal Place of Business 3. Mailing Address 2000 Nº Florida Mangold 2000 N. Flonda DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. #200 #200 Applied For 4. FEI Number 65-0675327 Not Applicable Palm Beach \$8.75 Additional Country m beach 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ovah -GIORDANO, JOHN-N 220 SOUTH FRANKLIN STREET ZAMPA FL 33002 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE HEATON, LINN NAME NAME 2000 N FLORIDA MANGO ROAD #200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY - ST - ZIP ■ Addition ☐ Change ☐ Delete TITLE Lee Heaten. 2000 P. Florda Mango Rd #200 NAME STREET ADDRESS STREET ADDRESS PB FC 33409 CITY-ST-ZIP CITY-ST-ZIP **Addition** ☐ Change TITLE ☐ Delete TITLE Debora Dentry Baggett Rd #200 NAME STREET ADDRESS STREET ADDRESS WPB FC 3340A CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.