

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040781

1. Entity Name

DALMATIAN, INC.

Principal Place of Business

Mailing Address

1936 14TH AVENUE  
VERO BEACH FL 32960

1936 14TH AVENUE  
VERO BEACH FL 32960-3507

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 65-0687881

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

CLARK, ROBERT C  
1936 14TH AVENUE  
VERO BEACH FL 32960

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.

SIGNATURE

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.  
(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 PD ☐ Delete

NAME CLARK, ROBERT C  
STREET ADDRESS 1936 14TH AVENUE  
CITY-ST-ZIP VERO BEACH FL

TITLE VD ☐ Delete

NAME HOWLAND, LARRY  
STREET ADDRESS 1936 14TH AVENUE  
CITY-ST-ZIP VERO BEACH FL

TITLE TD ☐ Delete

NAME CLASSON, ROBERT  
STREET ADDRESS 1936 14TH AVENUE  
CITY-ST-ZIP VERO BEACH FL

TITLE SD ☐ Delete

NAME HARDEE, WELLFORD  
STREET ADDRESS 1936 14TH AVENUE  
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90012 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

1-3-2000 561-569-4555