FILED

Date

Daytime Phone #

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

changed, or on an attachment with an ad

SIGNATURE:

HUME REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 2003 8:00 am Secretary of State P97000002851 DOCUMENT # 04-28-2003 90453 001 ***150.00 1. Entity Name DALIA BUILDING COMPANY, INC. Principal Place of Business Mailing Address 46 HERITAGE WAY **46 HERITAGE WAY** NAPLES FL 34110 NAPLES FL 34110 US 2. Principal Place of Business 5721-16 Ave N.W DAW. N.W 5721-Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0716385 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DALIA, GERALD J 5721-16 DAVE N.W. Naples, FL 34119 Street Address (P.O. Box Number is Not Acceptable) 46 HERITAGE WAY NAPI ES EL 34110. City 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 ages SIGNATURE accut and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete TITLE Addition NAME DALIA, GERALD JR NAME STREET ADDRESS 46 HERITAGE WAY STREET ADDRESS aplos, FL 34119 721-16th Ave N.W. Change CITY-ST-719 NAPLES FL 34110 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME DALIA, TONI A NAME Naples, FL 34119 STREET ADDRESS 46-HERITAGE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST=ZIP NAPLES FL-34110 - 🗀 Change TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change √
Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 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 chapted for on an attachment with an address with all ther like empowered.

CR2E034 (10/02)