2001, UNIFORM BUSINESS REPORT (UBR)

Jun 19, 2001 8:00 am DOCUMENT # P97000007770 Secretary of State 06-19-2001 90008 050 ***150.00 DACA OF PINELLAS, INC. Principal Place of Business Mailing Address 12760 RIDGE RD 12760 RIDGE RD C0071251 LARGO FL 33778 LARGO FL 33778 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3422706 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DACA, SHARON A TO Street Address (P.O. Box Number is Not Acceptable 11950 SEMINOLE BLVD. **LARGO FL 34648** 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and little if appacable. (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Delete TITLE TITLE DACA EDWARD DACA, EDWARD T. NAME PLACE N. NAME 12760 RIDGE RD. STREET ADDRESS STREET ADDRESS 33773 ARGO CITY-ST-ZIP **LARGO FL 33778** CITY-ST-ZIP VP ☐ Delete TITLE TITLE PACA SHA RON A DACA, SHARON A. NAME NAME 113 th PLACE N. 12760 RIDGE RD. STREET ADDRESS STREET ADDRESS **LARGO FL 33778** 33773 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY+ST-7IP ☐ Delete ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP DITE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered. SIGNATURE:

FILED