

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90167 014 \*\*\*150.00

**DOCUMENT # P97000020945**

1. Entity Name

**D.T. INVESTMENTS, INC. OF SOUTHWEST FLORIDA**

Principal Place of Business

Mailing Address

**17340 W CARNEGIE CIR  
 #105B  
 FT MYERS FL 33912**

**17340 W CARNEGIE CIR  
 #105B  
 FT MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

*5110 Harborage Dr*

Suite, Apt. #, etc.

*5110 Harborage Dr*

Suite, Apt. #, etc.

City & State

City & State

*Ft. Myers*

*Ft. Myers FL*

Zip

Country

Zip

Country

*FL 33908*

*33908*

4. FEI Number **65-0750797**

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

**SCHIAFONE, SALVATORE  
 17340 W CARNEGIE CIR  
 #105B  
 FT MYERS FL 33912**

Name

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

*5110 Harborage Dr*

City

*Ft. Myers*

FL

Zip Code

*33908*

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

*Salvatore A. Schiafone*

*5-01-01*

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, 2001 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 **D** ☐ Delete  
 NAME **SCHIAFONE, SALVATORE**  
 STREET ADDRESS **17340 W CARNEGIE CIR #105B**  
 CITY-ST-ZIP **FT MYERS FL**

TITLE ☒ Change ☐ Addition  
 NAME *5110 Harborage Dr*  
 STREET ADDRESS *Ft. Myers FL 33908*  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE:

*Ted Schiafone President*

*5-1-01*

*941-992-2608*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)