

FILED

02-28-2001 90062 032 ***150.00

1. Entity Name
DOT-DAR BEACH CONE CORPORATION

19 WISTERIA DR.
ORMOND BEACH FL 32176

1760 Oceanshore Blvd
Suite, Apt. #, etc.

Zip	Country
32176	USA

Applied For
Not Applicable

7. Name and Address of New Registered Agent

Zip Code

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	1	2	3
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STREET ADDRESS

CITY-ST-ZIP

TIME ☐ Change ☐ Addition

FILE ☐ Change ☐ Actions
NAME

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____