2000 UNIFORM BUSINESS REPORT (URR)

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DOCUMENT # p97000055054  1. Entity Name				ÖLVISION	FILED ETARY OF STATE OF CORPORATIONS
	•				C-1 PM 2:54
Dalton Real Estate, Inc.				00 52	C -1 PM 2:54
		Mailing Address		1	
2840 WEST BAY DRIVE #135 · BELLEAIR BLUFFS FL 33770				Ì	
			•		
2. Principal Place of Business 2840 West Bay Drive #135 2840 West Bay Drive #1 Suite Apt. # etc.  3. Mailing Address 2840 West Bay Drive #1 Suite Apt. # etc.			/ Drive #135	REINSTATEME	NT OU
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DONO! WRITEIN	- HIS SPACE
City & State		City & State Belleair Bluffs, FL		4. FEI Number	Applied For
Bellea:	ir Bluffs, FL Country	Belleair Bli	Country	59-3454329	Not Applicable  \$8.75 Additional
33770	USA	33770	USA	5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current Ro	egistered Agent	Name	7. Name and Address of New Regist	ered Agent
Dagostino, Frank Street Address (P.O. Box Number is Not Acceptable)					
2840 West Bay Drive #135					
Веттеа:	ir Bluffs, FL 33	770	City		FL Zip Code
8. The above	named entity submits this statement for	or the purpose of changing	g its registered office or	registered agent, or both, in the State of F	· - L
SIGNATURE FRANK BAGOSTIND PRESIDENT					
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 Intengible FILE NOW!!! FEE IS \$150.00					
Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00				I HUSE I GIIG COITHIDGHOIL	9 \$5.00 May Be Added to Fees
(See criter	ia on back) X		le to Department of		AND DIDECTORS IN 44
TILE	OFFICERS AND DI	RECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	Frank Dagostino		NAME	2000035	Change   Addition   86
STREET ADDRESS CITY - ST - ZIP	1751 Charity Dri		STREET ADDRESS CITY - ST - ZIP		0001117024 [읍
TITLE	Brentwood, TN 3	7027 Delete	TITLE	****75	O D *****750 01
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CITY - ST - ZIP			CITY - ST - ZIP	b	
TITLE		Delete	TITLE		Change Addition
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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 orran attachment with an address, with all other like empowered.					
SIGNAT			esident	-111-1	(800) 581-6452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					