

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90059 041 \*\*\*158.75

DOCUMENT # **P97000055804**  
 DEPARTMENT OF STATE

1. Entity Name  
**DARCO CONTRACTING SERVICES, INC.**

Principal Place of Business

**2065 DEROSA DR.  
 VERO BEACH FL 32960**

Mailing Address

**2065 DEROSA DR.  
 VERO BEACH FL 32960**

2. Principal Place of Business

**951 Old Dixie Hwy**

3. Mailing Address

**P.O. Box 2851**

Suite, Apt. #, etc.

**A-2**

Suite, Apt. #, etc.

City & State

**Vero Beach FL**

City & State

**Vero Beach, FL**

Zip

**32962**

Country

Zip

**32961**

Country

**Indian River**

4. FEI Number **65-0770897**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHLITT, CHRIS  
 2065 DEROSA DR.  
 VERO BEACH FL 32960**

Name **Christopher P. Schlitt**

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

**951 Old Dixie Hwy Suite A-2**

City **Vero Beach**

FL

Zip Code **32962**

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

*[Signature]* **CHRISTOPHER P. SCHLITT (Pres)** 2-15-01

(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  Delete  
 NAME **D SCHLITT, CHRIS**  
 STREET ADDRESS **2065 DEROSA DR.**  
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/15/01 (561) 569-7165**

Daytime Phone #

CR2E034 (10/00)