

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 097000056971 R

1. Entity Name

DETOLLO KOLLABORATIVE GROUP, INC.

(NOTE: NAME CHANGE)

Principal Place of Business

Mailing Address

24 NE 24TH AVE

POMPAUO BEACH, FL 33062

2. Principal Place of Business

NEW ADDRESS AS ABOVE

Suite, Apt. #, etc.

3. Mailing Address

TRUE AS ABOVE

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0765021

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

Name

ANTHONY DETOLLO, III

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

24 NE 24TH AVE

City

POMPAUO BEACH

FL

Zip Code

33062

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] CFO

(NOTE: Registered Agent signature required when reinstating)

DATE

ANTHONY DETOLLO, III 6/9/2000

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
		<u>CFO</u>	
		<u>ANTHONY DETOLLO, III</u>	
		<u>24 NE 24TH AVE</u>	
		<u>POMPAUO BEACH, FL 33062</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
		<u>C.O.O.</u>	
		<u>THOMAS DIGIORGIO, JR.</u>	
		<u>24 NE 24TH AVE</u>	
		<u>POMPAUO BEACH, FL 33062</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
		<u>CFO</u>	
		<u>ADAM BENJAMIN</u>	
		<u>24 NE 24TH AVE</u>	
		<u>POMPAUO BEACH, FL 33062</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
		<u>TREASURER</u>	
		<u>TOMY DETOLLO, III</u>	
		<u>24 NE 24TH AVE</u>	
		<u>POMPAUO BEACH, FL 33062</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
		<u>SECRETARY</u>	
		<u>ROBYN DETOLLO</u>	
		<u>24 NE 24TH AVE</u>	
		<u>POMPAUO BEACH, FL 33062</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
		<u>DELETE ANY OTHERS</u>	

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] ADAM BENJAMIN, CFO

6/9/2000

954-941-3329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000056971**
DI TOLLO DEVELOPMENT, INC.

106805

1. Place of Business Mailing Address
24 NE 24TH AVE
POMPAUO BEACH, FL 33062

2. Place of Business 3. Mailing Address
NEW ADDRESS AS ABOVE SAME AS ABOVE
 Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. City & State City & State
 Country Zip Country

4. FEI Number **65-0089553**
 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

7. Name and Address of New Registered Agent
 Name **ANTHONY DITOLLO, III**
 Street Address (P.O. Box Number is Not Acceptable)
24 NE 24TH AVE
 City **POMPAUO BEACH FL** Zip Code **33062**

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, typed or printed name of registered agent and title if applicable **ANTHONY DITOLLO, III** DATE **6/4/2000**
 (NOTE: Registered Agent signature required when constituting)

11. Corporation is eligible to satisfy its Intangible Filing requirement and elects to do so. ☐
 See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

OFFICERS AND DIRECTORS	
NAME	☐ Delete
ST- ZIP	☐ Delete
ADDRESS	☐ Delete
ST- ZIP	☐ Delete
ADDRESS	☐ Delete
ST- ZIP	☐ Delete
ADDRESS	☐ Delete
ST- ZIP	☐ Delete
ADDRESS	☐ Delete
ST- ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☒ Change ☐ Addition
NAME	DIRECTOR
STREET ADDRESS	ANTHONY DITOLLO, III
CITY-ST- ZIP	24 NE 24TH AVE
	POMPAUO BEACH, FL 33062
TITLE	☒ Change ☐ Addition
NAME	DIRECTOR
STREET ADDRESS	ROBYN DITOLLO
CITY-ST- ZIP	24 NE 24TH AVE
	POMPAUO BEACH, FL 33062
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

SIGNATURE: **Adam Benjamin, CFO** **6/4/2000 954-941-3329**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR