

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90001 013 ***150.00

DOCUMENT # **P97000077297L**
1. Entity Name **Dazey Communications, Inc**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **8621 N Dixon Ave**
Suite, Apt. #, etc.

3. Mailing Address **1710 W Fore Drive**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Tampa FL**
Zip **33604** Country **Hillsborough**

City & State **Tampa FL**
Zip **33612** Country **Hillsb.**

4. FEI Number **593466242**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Daisy Hanast**
Street Address (P.O. Box Number is Not Acceptable) **1710 W Fore Drive**

City **Tampa** **FL** Zip Code **33612**

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 **Daisy Hanast president** DATE **4-3-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **P**
NAME **Daisy Hanast**
STREET ADDRESS **1710 W Fore Drive**
CITY - ST - ZIP **Tampa, FL 33612**

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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 on an attachment with an address with all other like empowered.

SIGNATURE: **Daisy Hanast** **Daisy Hanast President** **4-3-02** **813-932-6334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #