

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101958

1. Entity Name
DOLLFAN FASTENERS, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90007 027 ***150.00

Principal Place of Business

6230 STONE RD. STE 10
PORT RICHEY FL 34668

Mailing Address

6230 STONE RD. STE 10
PORT RICHEY FL 34668

2. Principal Place of Business

6230 STONE RD.

3. Mailing Address

6230 STONE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Richey, FL

City & State

Port Richey, FL

Zip

Country

Zip

Country

34668

34668

6. Name and Address of Current Registered Agent

SILVA, APRIL A
5830 GRAND BLVD
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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: *April A. Silva* April A. Silva

(NOTE: Registered Agent signature required when reinstating)

DATE

4/04/01

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

TITLE: P
NAME: SILVA, APRIL A
STREET ADDRESS: 5830 GRAND BLVD
CITY-ST-ZIP: NEW PORT RICHEY FL 34652 ☐ Delete

TITLE: TS
NAME: SILVA, JOHN
STREET ADDRESS: 5830 GRAND BLVD
CITY-ST-ZIP: NEW PORT RICHEY FL 34652 ☐ Delete

TITLE: V
NAME: SILVA, DUANE
STREET ADDRESS: 5830 GRAND BLVD
CITY-ST-ZIP: NEW PORT RICHEY FL 34652 ☐ Delete

TITLE: *S*
NAME: *Silva, Teresa*
STREET ADDRESS: *1602 Berkshire Dr.*
CITY-ST-ZIP: *Brandon, FL 33511* ☐ Delete

TITLE: *T*
NAME: *Silva, John*
STREET ADDRESS: *5830 Grand Blvd.*
CITY-ST-ZIP: *New Port Richey, FL 34652* ☐ Delete

TITLE: *V*
NAME: *Silva, Duane*
STREET ADDRESS: *1602 Berkshire Dr.*
CITY-ST-ZIP: *Brandon, FL 33511* ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: *S*
NAME: *Silva, Teresa*
STREET ADDRESS: *1602 Berkshire Dr.*
CITY-ST-ZIP: *Brandon, FL 33511* ☐ Change ☒ Addition

TITLE: *T*
NAME: *Silva, John*
STREET ADDRESS: *5830 Grand Blvd.*
CITY-ST-ZIP: *New Port Richey, FL 34652* ☒ Change ☐ Addition

TITLE: *V*
NAME: *Silva, Duane*
STREET ADDRESS: *1602 Berkshire Dr.*
CITY-ST-ZIP: *Brandon, FL 33511* ☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

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:

John Silva John Silva

Date

Daytime Phone #

4/4/01

727-819-7666

0055547

CR2E034 (10/00)