

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102830

1. Entity Name

D.J. DAMAPOLD, INC.

FILED

Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90028 036 ***150.00

Principal Place of Business

PO BOX 530511
ST PETE FL 33747
US

Mailing Address

2824 BEACH BLVD S.
GULFPORT FL 33707-5536

632615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1731 Shady Leaf Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico, FL

4. FEI Number

59-3483508

Applied For

Not Applicable

Zip

Country

Zip

Country

33594

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAMBRA, JOHN
1301 62 ST S.
GULFPORT FL 33707

Name

John D'Ambra

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

1731 Shady Leaf Drive

City

Valrico

FL

Zip Code

33594

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

John D'Ambra

3/22/00

Signature, typed or printed name of registered agent and title, applicable.

(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, 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	P	<input type="checkbox"/> Delete
NAME	D'AMBRA, JOHN T	
STREET ADDRESS	1301 62ND STREET S.	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEOPOLD, DOUGLAS	
STREET ADDRESS	1803 OAK PARK DR. S.	
CITY-ST-ZIP	GULFPORT FL 33764	
TITLE	S	<input type="checkbox"/> Delete
NAME	D'AMBRA, JOANN	
STREET ADDRESS	1301 62ND STREET S.	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEOPOLD, JAN	
STREET ADDRESS	1803 OAK PARK DR. S.	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1731 Shady Leaf Dr.	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1731 Shady Leaf Dr.	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John D'Ambra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00
Date

Daytime Phone #