

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**

1. Corporation Name

DOLLO LIGHTZE & ACCOCIATED INC

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90203 048 \*\*\*150.00

	HOWZE & ASSOCIATES, II			
•	ce of Business	Mailing Address		
705 FENNER (		705 FENNER COURT Brandon FL 33511		
BRANDON FL	33511	BHANDON FE 33311		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				03/09/1998
2 Principal F	Place of Business	2a. Mailing Address	~*	4. FEI Number Applied For
21		26		Not Applicable
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Sta	ite	City & State	<del></del>	6. Election Campaign Financing \$5.00 May Be
23	,	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	·	30	Personal Property Tax. Yes No
241	9. Name and Address of Curr		<u> </u>	10. Name and Address of New Registered Agent
	3. Hame distributions of con-		81 Na	<del></del>
HO)	WZE, WILLIAM D			
705 FENNER COURT. BRANDON FL 33511			82 Str	et Address (P.O. Box Number is Not Acceptable)
			83	
DNA	-14DON 1 E 33311		[83]	
			84 City	85 Zip Code
				FL   S   E   S   E   S   E   S   E   S   E   S   E   E
11. Pursuant	t to the provisions of Sections 607.0			
agent. I a	am familiar with, and accept the obli	te of Florida. Such change was at gations of, Section 607.0505, Flor	es, the above-namush the control of	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
office or agent. I a SIGNATURE	am familiar with, and accept the obli	gations of, Section 607.0505, Flor	nda Statutes.	ure required when reinstating) DATE
agent. I a	am familiar with, and accept the oblication of registered a Signature, typed or printed name of registered a	gations of, Section 607.0505, Flor  igent and tible if applicable. (NOTE:  AND DIRECTORS	nda Statutes.	ure required when reinstating)  OATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
agent. I a	am familiar with, and accept the oblication of registered a Signature, typed or printed name of registered a	gations of, Section 607.0505, Floringent and title if applicable. (NOTE:	Registered Agent signar	ure required when reinstating)  OATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
agent. I a	am familiar with, and accept the oblication of the control of the	gations of, Section 607.0505, Flor  igent and tible if applicable. (NOTE:  AND DIRECTORS	Registered Agent signal	ure required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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Agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A HOWZE, WILLIAM D TOS FENNER COURT	gations of, Section 607.0505, Flor  igent and tible if applicable. (NOTE:  AND DIRECTORS	Registered Agent signal  13. 1.1 TITLE 12 NAME	are required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

51 T/H E

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



☐ DELETE

☐ DELETE

☐ Change

Change

☐ Addition

Addition