

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91202 031 ***150.00

0518601 AV

DOCUMENT # P98000022737

1. Entity Name

D A C DECORATIVE CONCRETE, INC.



Principal Place of Business

**6440 PLUMOSA AVENUE 767 ARUNDEL CR
FORT MYERS FL 33908
33413**

Mailing Address

**6440 PLUMOSA AVENUE 767 ARUNDEL CR
FORT MYERS FL 33908
33413**

20032170



2. Principal Place of Business

767 ARUNDEL CR

3. Mailing Address

767 ARUNDEL CR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

FT. MYERS, FLA.

City & State

FT. MYERS, FLA.

4. FEI Number

65-0841204

Applied For

Not Applicable

Zip

33413

Country

LEE

Zip

33413

Country

LEE

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

CUNARD, DEBRA A

**6440 PLUMOSA AVENUE 767 ARUNDEL CR.
FORT MYERS FL 33908
33413**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CUNARD, DEBRA A**
CITY-ST-ZIP **6440 PLUMOSA AVENUE 767 ARUNDEL CR.
FORT MYERS FL 33908 FT. MYERS, FLA, 33413**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

4-18-03

334-303-9989

CR2E034 (10/02)