

1052

2000 UNIFORM BUSINESS REPORT (UBR)

7/10/00-90016-034-\$150.00-\$150.00

DOCUMENT # **PA8000024693**
1. Entity Name
D+A ENTERPRISES INC. OF LEE COUNTY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

Principal Place of Business
**2335 Crystal dr.
Fm FL 33907**

Mailing Address
**2460 CHANDLER AVE
Fm FL 33907**

00 JUL 20 PM 1:45

00067238

2. Principal Place of Business
2335 Crystal dr.
Suite, Apt. #, etc.

3. Mailing Address
2460 Chandler ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. MYERS FL

City & State
Fm FL

Zip
33907

Country
LEE

Zip
33907

Country
LEE

4. FEI Number
650821311

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**Felix Amabile
13150 Kings Point dr
FT. MYERS FL 33919**

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 **Felix Amabile** **6-21-00**
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when registering.) DATE

9. This corporation is eligible to satisfy its filing obligations by filing this report and elects to do so.
(See criteria on back) ☐

FILE NOW! FEE: \$150.00
ANNUAL STATE FEE: \$150.00
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	PRESIDENT	☐ Delete
NAME	FELIX AMABILE	
STREET ADDRESS	13150 KINGS POINT DR.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: **Felix Amabile** **6-21-00** **941-277-9101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR034 (9/99)

D AND A ENTERPRISES INC.
2335 Crystal Dr.
Ft. Myers, FL 33907
941-277-9107

7-20-00

Attn: Shaun Jones

Reference #: P98000024693

Could you please waive any late charges
that have been added to our Annual Report fee.

We never recieved a notice in the mail,
a \$150.00 payment has been submitted as requested.

Thank you for your assistance in this matter.

Sincerely,

Annie McConigal office clerk

WK: 941-277-9107

FX: 941-277-9179

Hm: 941-275-8708