

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90959 041 ***150.00

DOCUMENT # P98000025673

1. Entity Name
DABL FINANCIAL CORPORATION



Principal Place of Business
**7479 PARAMOUNT MORTGAGE SERVICES
STE D
ORLANDO, FL 32819**

Mailing Address
**7479 PARAMOUNT MORTGAGE SERVICES
STE D
ORLANDO, FL 32819**

2. Principal Place of Business

3. Mailing Address

7479 Conroy Windermere Rd. 7479 Conroy Windermere Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D

Suite D

City & State

City & State

Orlando Fla

Orlando

Zip

Country

Zip

Country

32835

U.S.A.

32835

U.S.A.



4. FEI Number
59-3499270

Applied For --
Not Applicable

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

Name **Spiegel ; Utrera, P.A.**

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

343 Almeria Avenue

City **Coral Gables** FL

Zip Code **33134**

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 resigning)

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**PD
ROACH, DAVID M
4927 CAPSIAN COURT
ORLANDO, FL 32819**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**STD
ROACH, ANDREA M
4927 CAPSIAN COURT
ORLANDO, FL 32819**

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TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Roach **Andrea Utrera**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/03

407-298-9396

407-447

CR2E034 (10/02)