

4/11

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90013 041 \*\*\*150.00

**DOCUMENT # P98000040018**

1. Entity Name

**TRENT DATTOLI, INC.**

Principal Place of Business

**630 OAK ST**  
**BOYNTON BEACH FL 33435**

Mailing Address

**630 OAK ST**  
**BOYNTON BEACH FL 33435**

2004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0501296**
☐ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

 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

**DATTOLI, TRENT**  
**505 NE 20TH AVE., #103**  
**DEERFIELD BCH FL 33441**
Name **DATTOLI**Street Address (P.O. Box Number is Not Acceptable)  
**630 OAK STREET**City **BOYNTON BEACH FL** Zip Code **33435**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-25-02**
 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, 2002 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 **D** ☐ Delete  
 NAME **DATTOLI, TRENT**  
 STREET ADDRESS **505 NE 20TH AVE., #103**  
 CITY-ST-ZIP **DEERFIELD BCH FL 33441**

 TITLE **D** ☒ Change ☐ Addition  
 NAME **DATTOLI, TRENT**  
 STREET ADDRESS **630 OAK STREET**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

 TITLE ☐ Delete  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-15-02**

Date

Daytime Phone #

CR2E034 (9/01)