

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040018

1. Entity Name
TRENT DATOLI, INC.Principal Place of Business
630 OAK ST
BOYNTON BEACH FL 334352. Principal Place of Business
1
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.4. FEI Number
65-0501296
City & State
City & State5. Certificate of Status Desired
 \$8.75 Additional
Fee RequiredApplied For
Not Applicable

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 33441Name 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 *Trent Dattoli*

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

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 State10. 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 33441TITLE D Change Addition
NAME DATTOLI, TRENT
STREET ADDRESS 630 OAK STREET
CITY-ST-ZIP BOYNTON BEACH FL 33435TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE 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: *Trent Dattoli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02 561-715-1648
Date Daytime Phone #

CR2E034 (9/01)