

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90013 012 ***550.00

DOCUMENT # P98000048980

1. Entity Name
DL&C QUALITIES, INC.

Principal Place of Business

**5533 CENTRAL AVENUE
 ST. PETERSBURG FL 33710**

Mailing Address

**5533 CENTRAL AVENUE
 ST. PETERSBURG FL 33710**

2. Principal Place of Business

6827 16th St. W.

Suite, Apt. #, etc.

St. Petersburg - FL

Zip **33702**

Country **America**

3. Mailing Address

6827 16th St. W.

Suite, Apt. #, etc.

St. Petersburg - FL

Zip **33702**

Country **America**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3520734**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DECKER, CHARLES F ESQUIRE
 10209B GULF BOULEVARD
 TREASURE ISLAND FL 33706**

7. Name and Address of New Registered Agent

Name **Accounting By Design**

Street Address (P.O. Box Number is Not Acceptable)
5300 5th St. W.

City **St. Petersburg** **FL** Zip Code **33702**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPST**
 NAME **HUNT, LISA** ☐ Delete
 STREET ADDRESS **6827 -16 ST N**
 CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **DV**
 NAME **HUNT, DARRELL** ☐ Delete
 STREET ADDRESS **6827 -16 ST N**
 CITY-ST-ZIP **ST PETERSBURG FL 33702**

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
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LISA Hunt **7-11-00** **(727) 527-2699**