

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075355

Entity Name
DAKOTA ENTERPRISES OF ST. PETERSBURG, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 14409
PETERSBURG FL 33733

Mailing Address
P.O. BOX 14409
ST. PETERSBURG FL 33733-4409



Principal Place of Business
8401 9th. ST. N.
Suite, Apt. #, etc.
SUITE E
City & State
ST. PETERSBURG FL
Zip
33702
Country
USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
City
Country

DO NOT WRITE IN THIS SPACE
03/24/00 90078 005 150.00
4. FEI Number
59-3627097
APPLIED FOR
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARC-DONOVAN
8401 9th. ST. N.
SUITE E
ST. PETERSBURG, FL 33702

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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] MARC DONOVAN, SECRETARY/TREASURER 3/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

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, 2000 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

1. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☒ Delete		TITLE	S/T	☐ Change	☒ Addition
NAME	GRAHAM, PETER D			NAME	MARC DONOVAN		
STREET ADDRESS	P.O. BOX 14409			STREET ADDRESS	8401 9th. ST. N. #E		
CITY-ST-ZIP	ST. PETERSBURG FL 33733			CITY-ST-ZIP	ST. PETERSBURG, FL 33702		
TITLE	P	☒ Delete		TITLE	P	☐ Change	☒ Addition
NAME	DONOVAN, MARC			NAME	CARL DONOVAN		
STREET ADDRESS	8401 9TH ST N #E			STREET ADDRESS	8401 9th. ST. N. #E		
CITY-ST-ZIP	SAINT PETERSBURG FL 33702			CITY-ST-ZIP	ST. PETERSBURG, FL 33702		
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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] 3/20/00 727-578-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #