

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90049 002 \*\*\*150.00

001099



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P98000075355</b> 1. Entity Name <b>DAKOTA ENTERPRISES OF ST. PETERSBURG, INC.</b>																													
Principal Place of Business 8401 9TH ST. N. SUITE E ST. PETERSBURG FL 33702		Mailing Address 8401 9TH ST. N. SUITE E ST. PETERSBURG FL 33702																											
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Country		4. FEI Number <b>59-3627097</b>																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent  <b>DONOVAN, MARC</b> <b>8401 9TH STREET NORTH</b> <b>SUITE E</b> <b>ST PETERSBURG FL 33702</b>				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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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: <u>Marc Donovan</u> <u>1/1/01</u> <u>727-798-5544</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

CP2E034 (10/00)