

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90485 029 \*\*\*150.00

**DOCUMENT # P98000077907**

**1. Entity Name**  
**DALE'S CREATIVE HANG-UPS, INC.**

**Principal Place of Business**

**5029 STATE ROAD 7**  
**LAKE WORTH FL 33467**

**Mailing Address**

**5029 STATE ROAD 7**  
**LAKE WORTH FL 33467**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**65-0864459**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**PICCIONE, DALE**  
**7350 LAKE WORTH ROAD**  
**LAKE WORTH FL 33467**

**7. Name and Address of New Registered Agent**

Name

**DALE PICCIONE**

Street Address (P.O. Box Number is Not Acceptable)

**11181 WINDING PEARL WAY**

City

**WELLINGTON**

FL

Zip Code

**33414**

**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**

*Dale Piccione*

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 \$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**

**TITLE** ☐ Delete  
**NAME** **DP**  
**STREET ADDRESS** **PICCIONE, DALE**  
**CITY-ST-ZIP** **851 E. ROAD**  
**LOXAHATCHEE FL 33470**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☒ Change ☐ Addition  
**TITLE**  
**NAME** **PICCIONE, DALE**  
**STREET ADDRESS** **11181 WINDING PEARL WAY**  
**CITY-ST-ZIP** **WELLINGTON FL 33414**

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

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
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☐ Change ☐ Addition  
**TITLE**  
**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:**

*Dale Piccione*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/02** **561 968-8196**  
 Date Daytime Phone #

CR2E034 (9/01)