

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088477

1. Entity Name

D.A.K.M. ENTERPRISES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90039 019 ***150.00

Principal Place of Business

Mailing Address

3407 BOOT BAY ROAD
PLANT CITY FL 33567
US

3407 BOOT BAY ROAD
PLANT CITY FL 33567-1325
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3538162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCNULTY, AMY K
3407 BOOT BAY ROAD
PLANT CITY FL 33567

Name KATHLEEN A WALSH

Street Address (P.O. Box Number is Not Acceptable)
3407 BOOT BAY RD

City PLANT CITY FL Zip Code 33567

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 Kathleen A Walsh

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-00

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MCNULTY, AMY K ☒ Delete
STREET ADDRESS 3407 BOOT BAY ROAD
CITY-ST-ZIP PLANT CITY FL 33567

TITLE D, P, T, S
NAME KATHLEEN A WALSH ☐ Change ☒ Addition
STREET ADDRESS 3407 BOOT BAY RD
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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: Kathleen A Walsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-00

Date

813-752-7851

Daytime Phone #

CR2E034 (9/99)