

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90360 002 ***150.00

DOCUMENT # P98000104604

1. Entity Name
DAC CAPITAL INC.



Principal Place of Business
**4673 SOUTHEAST WATERFORD DRIVE
STUART FL 34997**

Mailing Address
**4673 SOUTHEAST WATERFORD DRIVE
STUART FL 34997**



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 **22-3630114**

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

TAORMINA, DOREEN

**4673 SOUTHEAST WATERFORD DRIVE
STUART FL 34997**

Name **Doreen Tassinari**

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

4673 Southeast Waterford Dr

City **Stuart**

FL

Zip Code **34997**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Doreen Tassinari**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE **PD** ☐ Delete
NAME **TAORMINA, DOREEN**
STREET ADDRESS **4673 SOUTHEAST WATERFORD DRIVE**
CITY-ST-ZIP **STUART FL 34997**

TITLE **DOREEN Tassinari** ☒ Change ☐ Addition
NAME **4673 Southeast Waterford Dr.**
STREET ADDRESS **Stuart, FL 34997**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **TASSINARI, CHARLES**
STREET ADDRESS **4673 SE. WATERFORD DRIVE**
CITY-ST-ZIP **STUART FL 34997**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

Date

772-219-4720

Daytime Phone #

CR2E034 (10/02)