

DOCUMENT # P99000008124
1. Entity Name
DALLIS ENTERPRISES, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90044 016 ***150.00

Principal Place of Business Mailing Address
2599 DOLLY BAY DRIVE #102 2599 DOLLY BAY DRIVE #102
PALM HARBOR FL 34684 PALM HARBOR FL 34684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4921 FRUITWOOD LOOP DR SAME AS #2 BLOCK
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HOLIDAY, FL

Zip Country Zip Country
34690 PA USA

4. FEI Number NOT APPLICABLE Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
DALLIS, DENISE
2599 DOLLY BAY DRIVE #102
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 *Denise Dallis* 1-3-01
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS
TITLE D ☐ Delete
NAME DALLIS, DENISE
STREET ADDRESS 2599 DOLLY BAY DRIVE #102
CITY-ST-ZIP PALM HARBOR FL 34684
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☒ Change ☐ Addition
NAME DALLIS, DENISE
STREET ADDRESS 4921 FRUITWOOD LOOP DR
CITY-ST-ZIP HOLIDAY, FL 34690
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
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: *Denise Dallis* 1-3-01 727 430 0139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #