

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020415

1. Entity Name

DUSTOP, INC.

APPROVED
AND
FILED

00 APR -4 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

901 BRANDEIS AVE
PANAMA CITY FL 32405

Mailing Address

901 BRANDEIS AVE
PANAMA CITY FL 32405-3903

2. Principal Place of Business

6636 MISSION CLUB

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#101

City & State

ORLANDO FL

City & State

4. FEI Number

59-3566441

Applied For

Not Applicable

Zip

32821

Country

ORANGE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLLOY, THOMAS P JR
407 OTTO LANE
PANAMA CITY BEACH FL

7. Name and Address of New Registered Agent

Name

DANIEL W HOLT III

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

6636 MISSION CLUB #101

City

ORLANDO FL

FL

Zip Code

32821

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

Daniel W Holt III

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

(NOTE: Registered Agent signature required when reinstating)

4/4/2000

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, 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

TITLE **PRESIDENT** ☐ Delete
NAME **DANIEL W HOLT III**
STREET ADDRESS **6636 MISSION CLUB #101**
CITY-ST-ZIP **ORLANDO FL 32821**

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

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

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

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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:

Daniel W Holt III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL W HOLT III 4/4/00

Date

Daytime Phone #

407 2389236

CR2E034 (9/99)