



FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAR 15 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000020415

1. Entity Name

Dustop Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 PINELLAS BAYWAY #31

Suite, Apt. #, etc.

31

City & State

ST PETE FL

Zip

33715

Country

US

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3566441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

DANNY HOLT

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

1100 PINELLAS BAYWAY #31

ST PETE FL

City

FL

Zip Code

33715

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

Danny Holt

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

(NOTE: Registered Agent signature required when reinstating)

3/15/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DANNY HOLT
1100 PINELLAS BAYWAY
ST PETE FL 33715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900005133809--4
-03/19/02--01027--025
****150.00 ****150.00

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Danny Holt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Date

727 906 9809

Daytime Phone #

CR2E034B (12/01)