## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000044539 Jul 26, 2000 8:00 am 1. Entity Name **Secrétary of State** DLG CARRIERS, INC. 07-26-2000 90004 004 \*\*\*150.00 Principal Place of Business Mailing Address 4701 122ND AVENUE NORTH 4701 122ND AVENUE NORTH PINELLAS PARK FL 33672 PINELLAS PARK FL 33672 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **TINGIRIDES, STAVROS** Street Address (P.O. Box Number is Not Acceptable) 2469 ENTERPRISE ROAD **CLEARWATER FL 33763** 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10.\_Election Campaign Financing\_ \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D M Change ☐ Addition TITLE □ Delete TITLE PATANE, JOSEPH JOSEPH NAME NAME STREET ADDRESS 4701 122ND AVENUE NORTH STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33672 CITY-ST-7IP ☐ Addition Delete TITLE Change TITLE 144 -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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:** 

Dear State,

I never recieved my UBR Report,

the 200 notice made It Done how cause
the mailman caught it, the pre sorted

Stamped Envelope had the wrong Zip CODE.

EncloseD is the Sort tab From Envelope,
Also Please note Changes on Form,
Box 11 & 12 is APRESS ONLY Also Box 2.3 THANK YOU

Joseph Patane