

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062731

1. Entity Name
D.A.L. ENTERPRISES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90100 038 ***150.00

Principal Place of Business

755 2ND STREET
MERRITT ISLAND FL 32953

Mailing Address

755 2ND STREET
MERRITT ISLAND FL 32953-3241

2. Principal Place of Business

835 Mallard Rd

3. Mailing Address

835 Mallard Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cocoa, FL

City & State

Cocoa, FL

4. FEI Number

59-3589927

Applied For

Not Applicable

Zip

32926

Country

USA

Zip

32926

Country

USA

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

LEE, DENNIS
755 2ND STREET
MERRITT ISLAND FL 32953

Name

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

835 Mallard Rd

City

Cocoa

FL

Zip Code

32926

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

Dennis Lee

4/25/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEE, DENNIS
755 2ND STREET
MERRITT ISLAND FL 32953

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
835 Mallard Rd
Cocoa, FL 32926

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEE, ANDREW
755 2ND STREET
MERRITT ISLAND FL 32953

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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: X

Dennis Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

324-452-0850

Daytime Phone #

CR2E034 (9/99)