

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000067499**1. Entity Name
DAGETT INVESTMENT CORPORATION

Principal Place of Business 1355 BENNETT DRIVE, UNIT 145 LONGWOOD FL 32750	Mailing Address 1355 BENNETT DRIVE, UNIT 145 LONGWOOD FL 32750
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2. Principal Place of Business 1355 BENNETT DRIVE, UNIT 145	3. Mailing Address 1355 BENNETT DRIVE, UNIT 145
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State LONGWOOD FL	City & State LONGWOOD FL
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Zip 327506359	Country	Zip 327506359	Country
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4. FEI Number 59-3587390	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentBLOTNICK DAVID J
1355 BENNETT DRIVE, UNIT 145

LONGWOOD FL 32750**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 _____ DATE **02/05/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	TS	<input type="checkbox"/> Delete
NAME	MYERS GEORGE	
STREET ADDRESS	2003 WESTOVER RESERVE BLVD	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLOTAICK DAVID	
STREET ADDRESS	437 WOLDUNN CIRCLE	
CITY-ST-ZIP	HEATHRON FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS GEORGE D	
STREET ADDRESS	2003 WESTOVER RESERVE BLVD	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOTNICK DAVID J	
STREET ADDRESS	437 WOLDUNN CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: David Blotnick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mr. 02/05/2001

Date

Daytime Phone #

CR2E034 (11/00)