

2000 UNIFORM BUSINESS REPORT (UBR)

3/15/00-90063-041-\$158.75-\$158.75

DOCUMENT #

P99000072367

1. Entity Name

Derek DAYWALL INC.

Principal Place of Business

Mailing Address

5201 NE 5th
FT Lauderdale FL
33334

5201 NE 5th
FT Lauderdale FL
33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2504 NW 98 WAYS

2504 NW 98 WAYS

City & State

City & State

CORAL SPRING FL.

CORAL SPRING FL.

Zip

Country

Zip

Country

33065

FLORIDA

33065

FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARL DORRAN

Name CARL DORRAN

5201 NE 5th FL Lauderdale
33334

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

2504 NW 98 WAYS

CORAL SPRING FL.

City

33065

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

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 ☐ Delete
NAME **Rice President**
STREET ADDRESS **BARBARA VIEWS**
CITY-ST-ZIP **2504 NW 98 WAYS CORAL SPRING 33065**

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

TITLE ☐ Delete
NAME **President**
STREET ADDRESS **CARL DORRAN**
CITY-ST-ZIP **2504 NW 98 WAYS CORAL SPRING 33065**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/29/00

Date

Daytime Phone #

FILED
00 APR -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0036810

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

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