

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2000 08:00 AM

Secretary of State

DOCUMENT # P99000104786

1. Entity Name
DACODERS, INC.

Principal Place of Business

9348 SPRING CIRCLE

PORT CHARLOTTE
33981

FL

Mailing Address

9348 SPRING CIRCLE

PORT CHARLOTTE
33981

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0965324

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE

CORAL GABLES
33134

US

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

04/23/2000

DATE

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

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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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
CURTIS DENNIS E
9348 SPRING CIRCLE
PORT CHARLOTTE FL 33981

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
KING RICHARD L
9348 SPRING CIRCLE
PORT CHARLOTTE FL 33981

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
BARRAZA ANGELL
9348 SPRING CIRCLE
PORT CHARLOTTE FL 33981

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
CURTIS PAMELA K
9348 SPRING CIRCLE
PORT CHARLOTTE FL 33981

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: Pamela Curtis

RD 04/23/2000