

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105920

1. Entity Name
DICK DAVIS NEWSLETTER, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90048 018 ***150.00

Principal Place of Business
**2881 E. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33061-1824**

Mailing Address
**2881 E. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33061-1824**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3313 W. Commercial Blvd.

3. Mailing Address
3313 W. Commercial Blvd.

Suite, Apt. #, etc. **#150**

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33309-3413

Country
USA

4. FEI Number **65-0970436**

Applied For
☐ Not Applicable

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

**MARKLE & MAGRI, P.A.
5310 W. LASELLE ST.
ATTN: JOE MAGRI
TAMPA FL 33607**

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 _____ (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, 2001 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	PMD HANRAHAN, DONALD E 77 ROTON AVE NORWALK CT 06853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HABAS, LEONARD H 250 CAROLINA #407-B WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01 **954-733-3996**

Date Daytime Phone #

CR2E034 (10/00)