

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S20410

1. Entity Name

DANTOM, INC.

FILED

02 JUL -2 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

620 PALM BLVD.

3. Mailing Address

620 PALM BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DUNEDIN FL

City & State

DUNEDIN FL

4. FEI Number

59-3045022

Applied For

Not Applicable

Zip

34698

Country

USA

Zip

34698

Country

USA

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LOKEY, THOMAS C.

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

520 PONCE DE LEON BLVD

City

BELLEAIR

FL

Zip Code

34616

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 date 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)

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January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PD LOKEY, THOMAS C 520 PONCE DE LEON BLVD BELLEAIR FL 34616	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300006532479-1 -07/19/02--01058--004 ****558.75 ****558.75
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL M. DOYLE, SR.
VICE PRESIDENT

7/1/02 813-288-8080

Date

Daytime Phone #

CR2E034B (12/01)