

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S32043

1. Entity Name

DAWN PASQUALONE INTERIORS, INC.

FILED

Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90086 043 ***150.00

Principal Place of Business

1543 HIGHLAND AVE S
SUITE 256
CLEARWATER FL 33756
US

Mailing Address

1543 HIGHLAND AVENUE
SUITE 256
CLEARWATER FL 33756-2374
US

00038608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1676 SUNNYBROOK LANE — ALSO CHANGE

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

4. FEI Number

59-3052230

Applied For

Not Applicable

Zip

33764

Country

Zip

Country

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

PASQUALONE, DAWN
1543 HIGHLAND AVE S
SUITE 256
CLEARWATER FL 34616

Name

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

1676 SUNNYBROOK LANE

CLEARWATER

City

FL

Zip Code

33764

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPV
PASQUALONE, DAWN
1543 HIGHLAND AVE S, #256
CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1676 SUNNYBROOK LANE
CLEARWATER, FL 33764 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSC
PASQUALONE, DAWN
1543 HIGHLAND AVE S, #256
CLEARWATER FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
PASQUALONE, DAWN
1543 HIGHLAND AVE S, #256
CLEARWATER FL ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

Date

Daytime Phone #

3-1-00 727 5354427