

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**  
03-17-2000 90033 032 \*\*\*158.75

**DOCUMENT # S49600**

1. Entity Name

**THE DALTON/WYMAN COMPANIES, INC.**

Principal Place of Business

718 SOUTH ROME AVENUE  
STE D  
TAMPA FL 33606  
US

Mailing Address

P.O. BOX 23292  
TAMPA FL 33623-3292  
US

2. Principal Place of Business

**710 SOUTH ROME AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

Zip  
**33606**

Country  
**US**

Zip

Country

4. FEI Number

**59-3062811**

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

**FOLEY, MICHAEL R.**  
**718 SOUTH ROME AVENUE**  
**TAMPA FL 33606**

Name

**FOLEY, MICHAEL R.**

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

**710 SOUTH ROME AVENUE**

City

**TAMPA**

**FL**

Zip Code

**33606**

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

*Michael Foley*

**03-14-2000**

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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	<b>P</b> <b>FOLEY, MICHAEL R.</b> <b>718 SOUTH ROME AVENUE</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>710 SOUTH ROME AVENUE</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

*Michael Foley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-14-2000**  
Date

**813-2548797**  
Daytime Phone #

CR2E034 (9/99)