

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V59836**

Entity Name

DARSHEAD HOLDING COMPANY, INCORPORATED

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90080 036 ***150.00

Principal Place of Business

**201 AVENUE OF THE AMERICAS
ENGLEWOOD FL 34224**

Mailing Address

**2901 AVENUE OF THE AMERICAS
ENGLEWOOD FL 34224**



Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0347650

Applied For

Not Applicable

Zip

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

**IZZO, JOHN P.
180 N. INDIANA AVE.
SUITE 3
ENGLEWOOD FL 34223**

Name

John P. Coleman

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

180 n. Indiana Ave.

City

Englewood

FL

Zip Code

34223

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

02-06-02

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, 2002 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VTD** ☒ Delete
NAME **TAYLOR, RANDY**
STREET ADDRESS **2901 AVENUE OF AMERICAS**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **President-Secretary** ☐ Change ☒ Addition
NAME **Vicki Taylor**
STREET ADDRESS **2901 Ave. of The Americas**
CITY-ST-ZIP **Englewood, Fla. 34224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

3. 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:

Vicki Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02

Date

941-474-3588

Daytime Phone

CR2E034 (9/01)