

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 426617

1. Entity Name  
DARL, INC.

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90036 043 \*\*\*150.00

Principal Place of Business

Mailing Address

1040 HIGHWAY 17 NORTH  
BARTOW FL 33830  
US

1040 HIGHWAY 17 NORTH  
BARTOW FL 33830  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1533007**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, WADE C.  
1816 3RD COURT S.E.  
WINTER HAVEN FL 33880

Name SMITH, JANE W.

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

1816 3rd Court SE.

City Winter Haven

FL

Zip Code 33880

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 Jane W. Smith JANE W. Smith, President 1/3/01  
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, 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 PD ☐ Delete  
NAME SMITH, WADE C.  
STREET ADDRESS 1816 3RD COURT S.E.  
CITY-ST-ZIP WINTER HAVEN FL 33880-4416

TITLE CEO/Director ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME SMITH, JANE W.  
STREET ADDRESS 1816 3RD COURT S.E.  
CITY-ST-ZIP WINTER HAVEN FL 33880-4416

TITLE President, Director ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME HOUSTON, JAMES E  
STREET ADDRESS 6201 BANYAN TERRACE  
CITY-ST-ZIP PLANTATION FL 33317

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: Jane W. Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-01 863-533-1040  
Date Daytime Phone #

CR2E034 (10/00)