

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 20, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # L07636**

1. Entity Name  
 UFF DAA, INC.

Principal Place of Business % MAURICE J. BOUDREAU 1275 N. ATLANTIC AVE. COCOA BEACH 32931 FL	Mailing Address % MAURICE J. BOUDREAU 1275 N. ATLANTIC AVE. COCOA BEACH 32931 FL
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2. Principal Place of Business ECONO LODGE	3. Mailing Address ECONO LODGE
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Suite, Apt. #, etc. 1275 N. ATLANTIC AVE.	Suite, Apt. #, etc. 1275 N. ATLANTIC AVE.
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City & State COCOA BEACH FL	City & State COCOA BEACH FL
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Zip 32931	Country	Zip 32931	Country
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4. FEI Number <b>59-2959040</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

TURK DONNA  
1275 N. ATLANTICA AVE.  
  
COCOA BEACH FL  
32931 US

**7. Name and Address of New Registered Agent**

Name  
TURK DONNA

Street Address (P.O. Box Number is Not Acceptable)  
1275 N. ATLANTICA AVE.

City  
COCOA BEACH FL Zip Code  
32931

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 DONNA TURK 04/20/2001  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURK, DONNA 4656 ORCHARD AVENUE SAN DIEGO CA 92107 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURK, JOHN 4656 ORCHARD AVENUE SAN DIEGO CA 92107 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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: JOHN TURK PD 04/20/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)