

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


1/1

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90105 003 \*\*\*\*61.25  
02-21-2003 90226 041 \*\*\*\*88.75

**DOCUMENT #** P02000052595

1. Entity Name  
**DAN MUNINI & ASSOCIATES, INC.**



Principal Place of Business  
4712 26 AVE W  
BRADENTON FL 34209

Mailing Address  
4712 26 AVE W  
BRADENTON FL 34209

**10024709**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

|  |  |  |  |                                       |          |
|--|--|--|--|---------------------------------------|----------|
| 4. FEI Number<br><b>04-3660829</b>                             |  |  |  | Applied For<br>Not Applicable         |          |
| 5. Certificate of Status Desired <input type="checkbox"/>      |  |  |  | <b>\$8.75</b> Additional Fee Required |          |
| 6. Name and Address of Current Registered Agent                |  |  | 7. Name and Address of New Registered Agent        |                                       |          |
| <b>MUNINI, DANIEL L</b><br>4712 26 AVE W<br>BRADENTON FL 34209 |  |  | Name   |                                       |          |
|  |  |  | Street Address (P.O. Box Number is Not Acceptable) |                                       |          |
|  |  |  | City   | <b>FL</b>                             | Zip Code |

I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                          |  |
|--|---------------------------------|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|  |                                 | <b>PRESIDENT<br/>DANIEL MUNINI<br/>4712 26TH AVE W<br/>BRADENTON, FL 34209</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|  |                                 | <b>DIRECTOR<br/>BARBARA MUNINI<br/>4712 26TH AVE W<br/>BRADENTON, FL 34209</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |                                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |                                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |                                 |  |  |

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Barbara Munini **Barbara Munini**, 1/15/03 941-730-1415  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #