

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 27, 2002 8:00 am  
Secretary of State

02-27-2002 90001 014 \*\*\*150.00

**DOCUMENT # P35299**

1. Entity Name  
**ED DANTUMA ENTERPRISES, INCORPORATED**

Principal Place of Business  
**217 N. WESTMONTE DR  
#2012  
ALTAMONTE SPRINGS FL 32714  
US**

Mailing Address  
**217 N. WESTMONTE DR  
#2012  
ALTAMONTE SPRINGS FL 32714  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1997272**

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

**BERMAN, NEIL, ATTORNEY AT LAW  
INTERNATIONAL PLACE 38 FL  
100 SE 2ND ST  
MIAMI FL 33131**

Name **William R. Lowman, Jr., Esq.**  
Street Address (P.O. Box Number is Not Acceptable) **Zimmerman, Shuffield, Kiser & Sutcliffe**  
**315 E. Robinson St, Suite 600**  
City **Orlando** FL Zip Code **32801**

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 **2-6-2002**  
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, 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DANTUMA, EDWARD F.</b>	
STREET ADDRESS	<b>30001 SUNSET POINT</b>	
CITY-ST-ZIP	<b>TAVARES FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DANTUMA, PERSIS A.</b>	
STREET ADDRESS	<b>30001 SUNSET POINT</b>	
CITY-ST-ZIP	<b>TAVARES FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>DANTUMA, DIRK</b>	
STREET ADDRESS	<b>59 IRVINE PARK</b>	
CITY-ST-ZIP	<b>ST. PAUL MN 55102</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DANTUMA, JEFF</b>	
STREET ADDRESS	<b>8437 RIVER BRANCH PL.</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHANG, BRENDA</b>	
STREET ADDRESS	<b>27550 S.W. 168TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DANTUMA, DRIES</b>	
STREET ADDRESS	<b>8455 RIVER BRANCH PLACE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DIRK DANTUMA**  
**2/4/02 651 292-1669**  
Date Daytime Phone #

CR2E034 (9/01)