

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90223 004 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **798000105830**  
1. Entity Name  
**D A INVESTORS GROUP, INC.**

**DO NOT WRITE IN THIS SPACE**

**11034597**

2. Principal Place of Business  
**1805 sw 8th place**  
Suite, Apt. #, etc.

3. Mailing Address  
**1805 sw 8th place**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Ocala FL**  
Zip  
**34476**  
Country  
**US**

City & State  
**Ocala, FL**  
Zip  
**34476**  
Country  
**US**

4. FEI Number  
**65-0899618**  
Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Street Address (P O Box Number is Not Acceptable)  
City **FL** Zip Code

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

SIGNATURE  
Signature, typed or printed of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME **SAWANA, FRANCES S**  
STREET ADDRESS **3024 SE FT KING STREET**  
CITY - ST - ZIP **Ocala FL 34471**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME **MCCOMBS DIANE**  
STREET ADDRESS **1805 sw 8th place**  
CITY - ST - ZIP **Ocala FL 34476**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Diane McCombs** **4/29/03** **352-351-0011**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20346 (12/02)