

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11034597

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE
S.W. 87 PL.

2. Principal Place of Business
1805 Swen place
Suite, Apt. #, etc.

3. Mailing Address
1805 Swen place
Suite, Apt. #, etc.

City & State
Ocala FL

City & State
Ocala, FL

Zip
34476 County
LES

Zip
34476 County
LES

4. FEI Number
65-0899618

Applied For
 Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Ben W. Fitzgerald**

Street Address (P.O. Box Number is Not Acceptable)
240-D S.W. 8 ST.

City **Ocala** FL Zip Code **34471**

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 _____ DATE _____

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$160.00
After May 1, Fee is \$560.00
Amended UBR is \$41.25
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
D SAWANA, FRANCES S 3024 SEFTKING STREET Ocala FL 34471		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
D MCCOMBS DIANE 1805 Swen place Ocala FL 34476		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 159.07(2)(K), 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 DIANE McCombs** 4/29/03 352-351-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

26113