

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90104 040 ***150.00

0576215 AV

DOCUMENT # P99000011352

1. Entity Name
DFD ENTERPRISES, INC.



Principal Place of Business
**3951 S. PINE AVE., BOX 4
SUITE 300
OCALA FL 34480-8841**

Mailing Address
**3951 S. PINE AVE., BOX 4
SUITE 300
OCALA FL 34480-8841**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3563597**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVEY, DANIEL F
3951 S. PINE AVE., BOX 4
SUITE 300
OCALA FL 34480-8841**

7. Name and Address of New Registered Agent

Name **FRANK CALIENDO**

Street Address (P.O. Box Number is Not Acceptable)
3951 S. PINE AVE

Suite 300

City **OCALA** FL Zip Code **34480**

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 **FRANK CALIENDO** *Frank Caliendo* DATE **4/12/03**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS DAVEY, DANIEL F 13065 SE 92ND COURT RD SUMMERFIELD FL 34491	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. 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	Trustee/Representative KAREN A. MORANCHEK 696 N. HARVEY STREET PLYMOUTH MICH 48170	<input checked="" 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

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: *SIGNATURE REQUIRED* **04/09/03** **248735-5332**

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

CP2E034 (10/02)

ATTACHMENT
70041741
P 99000011352

CLERK OF CIRCUIT COURT
MARION COUNTY, FLA.
03 MAR 10 AM 11:31

IN THE CIRCUIT COURT FOR MARION COUNTY, FLORIDA

IN RE: ESTATE OF PROBATE DIVISION

DANIEL F. DAVEY, File No. 2003-315-CP
Deceased

LETTERS OF ADMINISTRATION

~~TO ALL WHOM IT MAY CONCERN~~

WHEREAS, DANIEL F. DAVEY, a resident of Marion County, Florida died on January 28, 2003, owning assets in the State of Florida, and

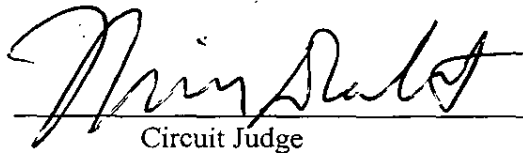
WHEREAS, KAREN A. MORANCHEK has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,


NOW, THEREFORE, I, the undersigned circuit judge, declare KAREN A. MORANCHEK duly qualified under the laws of the State of Florida to act as personal representative of the estate of DANIEL F. DAVEY, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent ~~as far as the assets of the estate will permit and the law directs; and to make distribution of the~~ estate according to law.

STATE OF FLORIDA ORDERED on March 10, 2003.
COUNTY OF MARION

I, THE UNDERSIGNED, Clerk of the Circuit Court, Marion County, Florida DO HEREBY CERTIFY the within and foregoing is a true and correct copy of the original as it appears on record and the same is in full force and effect.

WITNESS my hand and Seal of the Circuit Court at Ocala, Florida, this 10th day of March A.D. 2003


Circuit Judge

David R. Ellspermann,
Clerk Circuit Court
By: 
Deputy Clerk