

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90040 028 ***150.00

DOCUMENT # S23892

1. Entity Name

DAVIANE ENTERPRISES, INC.

Principal Place of Business

~~2550 Technology Blvd.~~
~~1170 MARKET CIRCLE NW~~
~~PORT CHARLOTTE FL 33953-3821~~

Punta Gorda, FL 33950

Mailing Address

~~1170 MARKET CIRCLE NW~~
~~PORT CHARLOTTE FL 33950-4731~~

2550 Technology Blvd.
Punta Gorda FL 33950

0000J110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2550 TECHNOLOGY BLD

3. Mailing Address

2550 TECHNOLOGY BLD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL 33950

City & State

PUNTA GORDA, FL.

4. FEI Number

65-0241269

Applied For

Not Applicable

Zip

33950

Country

Charlotte, FL.

Zip

33950

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAKEMAN, DAVID A.
1170 MARKET CIR NW
PORT CHARLOTTE FL 33953-0821

7. Name and Address of New Registered Agent

Name **WAKEMAN, DAVID A**
 Street Address (P.O. Box Number, if Not Applicable) **2550 TECHNOLOGY BLD.**
 City **PUNTA GORDA** FL **33950**

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

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WAKEMAN, DAVID A.	1170 MARKET CR NW	PORT CHARLOTTE FL	<input type="checkbox"/>
D	WAKEMAN, DIANE S.	1170 MARKET CR NW	PORT CHARLOTTE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DIP	WAKEMAN, DAVID A.	1126 LA SALINA COURT	PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIS	WAKEMAN, DIANE, S.	1126 LA SALINA COURT	PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

David Wakeman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID WAKEMAN, PRES/DIR.

Date

Daytime Phone #