

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S23892

1. Entity Name

DAVIANE ENTERPRISES, INC.

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

03-17-2000 90040 028 \*\*\*150.00

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 33953-4731~~

2550 Technology Blvd.  
Punta Gorda FL 33950

2. Principal Place of Business

2550 Technology Blvd

3. Mailing Address

2550 Technology Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

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 is Not Acceptable): 2550 Technology Blvd.  
City: Punta Gorda FL Zip Code: 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: D  
NAME: WAKEMAN, DAVID A.  
STREET ADDRESS: 1170 MARKET CR NW  
CITY-ST-ZIP: PORT CHARLOTTE FL ☐ Delete

TITLE: D  
NAME: WAKEMAN, DIANE S.  
STREET ADDRESS: 1170 MARKET CR NW  
CITY-ST-ZIP: PORT CHARLOTTE FL ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D/P  
NAME: WAKEMAN, DAVID A. ☒ Change ☐ Addition  
STREET ADDRESS: 1126 LA SALINA COURT  
CITY-ST-ZIP: PUNTA GORDA, FL 33950

TITLE: D/S  
NAME: WAKEMAN, DIANE S. ☒ Change ☐ Addition  
STREET ADDRESS: 1126 LA SALINA COURT  
CITY-ST-ZIP: PUNTA GORDA, FL 33950

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Change ☐ Addition

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

DAVID WAKEMAN, PRES/DIR.

Date

Daytime Phone #