0116092 AV

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J93667

1. Entity Name

DA PAU ENTERPRISES, INC.

<u> </u>

FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90114 042 ***158.75

Principal Place of Business 15228 E COLONIAL DR ORLANDO FL 32826 US			15228	Mailing Address 15228 E COLONIAL DR ORLANDO FL 32826 US								
2. Principal Place of Business			3. Mailir	3. Mailing Address) 1805110 \$110 LOTON ITIIN BILTN WITH F	901 030EI 014 I	H B JEHL BYBEL B	I BIL II I I I I I I I I I I I I I I I I	
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			7	CHECK HERE IF MAKING CHANGES				
City & State			City 8	City & State			4. F	El Number 59-2858292	59-2858292 Applied F Not Applie			
Zip		Country	Zip Count							8.75 Additional ee Required		
	6. Name	and Address of Curre	ent Registered	Agent			7. N	lame and Address of New Regi	stered Ag	ent		
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PAUL, NANCY L 20798 RACINE ST					Street Address (I			(P.O. Box Number is Not Acceptable)				
ORLANDO FL 32833											··	
					C	City FL				Zip Code		
8. The above the obligat	named entity ions of regist	y submits this statemen ered agent.	t for the purpo	se of changing its r	registered o	office or registe	ered age	ent, or both, in the State of Florid	a. 1 am far	miliar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financ Trust Fund Contribution.	cing		May Be to Fees	
				,	- 44			DITIONIS (SHANGES TO OFFICE	- DO AND 6	UDEOTO D	N 1 4 4	
10.	DOT	OFFICERS AI	ND DIRECTOR		11.		AD	DITIONS/CHANGES TO OFFICE				
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NAME	PAUL, DAI				NAME	noarea.						
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TITLE	S			☐ Delete	TITLE			₩.,,,,		Change	Addition	
NAME	TEARMAN	, NANCY L.			NAME				•	_ ,	_	
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CITY-ST-ZIP					CITY-ST-2							
												

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

407-568-337

Daytime Phone #