## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0100007755

1. Entity Name

DA, INC.				HI		05-22-2002 901	/6 002 ******6	- 1-0	
Principal Place	e of Business	Mailing	Address						
230 B STREET LAKE WALES FL 33853			230 B STREET LAKE WALES FL 33853						
2 Principal P	Place of Rusiness	3. Mailir	ng Address	,					
2. Principal Place of Business									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	e	City	& State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 5 9	-3753218		plied For at Applicable	
Zip	Country	Zip		Country	5. Certificate of		\$8.75 Add Fee Require		
	6. Name and Address of Curre	nt Registered	Agent		7. Name and Ad	Idress of New Register	red Agent		
	•		200	Name	المار والمستمون المراجع المستمار المراجع ا	التعاملية الديموريدية المداد	به استن شارسی	ر الم البيو علي جيم	
SPIEGEL & UTRERA, P.A.						ss (P.O. Box Numbinis Not Acceptable)			
1840 SW						*	<u>.</u>		
4TH FLOO						· <u></u>			
MIAMI FL				City		Į	FL   Zip Cod	e	
	e named entity submits this statement	t for the puree	ena of changing its	registered office or r	registered agent, or both.	in the state of Florida.	l		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if appli	icable. (NOTE	E: Registered Agent signatur	e required when reinstating)	Ŋ	ATE		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if appli	<u></u>	npaign Financing	e required when reinstating)  \$5.00 May Be Added to Fees	Make Cl	neck Payable tment of State		
SIGNATURE	Signature, typed or printed name of registered ag  FILE NOW: FEE IS \$61.25		9. Election Car	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Cl Depart	neck Payable tment of State	e '	
SIGNATURE	Signature, typed or printed name of registered ag		9. Election Car	npaign Financing	\$5.00 May Be Added to Fees	Make Cl	neck Payable tment of State	e '	
SIGNATURE	FILE NOW: FEE IS \$61.25  OFFICERS AND PD EPPS, LAWRENCE		9. Election Car Trust Fund C	npaign Financing Contribution. [  11.  TITLE NAME	\$5.00 May Be Added to Fees	Make Cl Depart	neck Payable tment of State	<b>e</b> N 10	
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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 exemplemental 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 of trustee empowered of execute this report as required by Chapter 617, 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:

Wience Epps-President

4/29/02

Date

(863)679-1900

**FILED** 

May 22, 2002 8:00 am Secretary of State

Daytime Phone #