

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N990000000001

1. Entity Name

DANIEL'S HOUSE OF MIRACLES, INC.

Principal Place of Business

1110 WEST BALL STREET  
PLANT CITY FL 33566

Mailing Address

1110 WEST BALL STREET  
PLANT CITY FL 33566

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3543863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAINES, VERDELL  
1110 WEST BALL STREET  
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME RAINES, VERDELL  
STREET ADDRESS 1110 WEST BALL STREET  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE TD ☐ Delete  
NAME RAINES, VINCENT  
STREET ADDRESS 1110 W BAY STREET  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE SD ☐ Delete  
NAME JONES, THELMA  
STREET ADDRESS 4721 HORTON RD.  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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 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:

*Verdell Raines*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2001  
Date

(813) 754-1804  
Daytime Phone #

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90046 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)