

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90068 011 \*\*\*150.00

|                                                                                           |                                                                                   |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> P00000012658                                                            |  |
| <b>1. Entity Name</b><br>DiMucci Development Corporation of Daytona Beach Shores II, Inc. |                                                                                   |

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|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>2. Principal Place of Business</b><br>3422 S. Atlantic Ave.<br>Suite, Apt. #, etc.<br>Daytona Beach Shores | <b>3. Mailing Address</b><br>285 West Dundee Road<br>Suite, Apt. #, etc. |
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|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------|--------------------------------------|
| <b>City &amp; State</b><br>Daytona Beach Shores, FL.                                                   | <b>City &amp; State</b><br>Palatine, Illinois 60074 | <b>4. FEI Number</b><br>58-2522634 | <b>Applied For</b><br>Not Applicable |
| <b>Zip</b><br>32118                                                                                    | <b>Country</b><br>USA                               | <b>Zip</b><br>60074                | <b>Country</b><br>USA                |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                     |                                    |                                      |

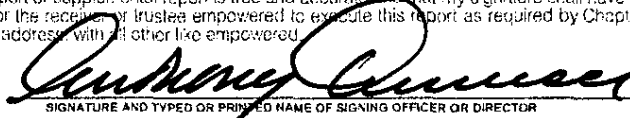
|                                   |                                                                                    |                               |
|-----------------------------------|------------------------------------------------------------------------------------|-------------------------------|
| <b>DO NOT WRITE IN THIS SPACE</b> | <b>7. Name and Address of Current Registered Agent</b>                             |                               |
|                                   | <b>Name</b><br>Anthony DiMucci                                                     |                               |
|                                   | <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>3422 S. Atlantic Ave. |                               |
|                                   | <b>City</b><br>Daytona Beach Shores                                                | <b>FL</b> <b>Zip</b><br>32118 |

**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. I am familiar with, and accept the obligations of registered agent.**

|                                                                                                                                                                             |                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGNATURE</b><br>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when relinquishing)           | <b>DATE</b>                                                                                                                  |
| <b>January 1 - May 1 Fee is \$150.00</b><br><b>After May 1 Fee is \$550.00</b><br><b>Amended UBR is \$61.25</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |

| <b>10. OFFICERS AND DIRECTORS</b>                                     |                                                                                    |                                                                       |  |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--|
| <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> | <b>PDST</b><br>Anthony DiMucci<br>285 West Dundee Road<br>Palatine, Illinois 60074 | <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> |  |
| <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> |                                                                                    | <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> |  |
| <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> |                                                                                    | <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> |  |
| <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> |                                                                                    | <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> |  |
| <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> |                                                                                    | <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> |  |
| <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> |                                                                                    | <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> |  |

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| <b>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 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.</b> |                     |                                       |
| <b>SIGNATURE:</b> <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Date</b><br>Date | <b>Daytime Phone</b><br>Daytime Phone |

CR2E034B (12/02)