

2001 UNIFORM BUSINESS REPORT (UBR)

87

FILED
Sep 17, 2001 8:00 am
Secretary of State

08-21-2001 90034 032 ***150.00

DOCUMENT # P00000041799

1. Entity Name

D.A.M. CONVERSATIONAL PIECES INC.

Principal Place of Business

P.O. BOX 681485

ORLANDO FL 32868-1485

Mailing Address

P.O. BOX 681485

ORLANDO FL 32868-1485

78359



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SUITE # C-37

Suite, Apt. #, etc.

ORLANDO

City & State

FLORIDA

Zip

32804

Country

ORANGE

3. Mailing Address

PO BOX 681485

Suite, Apt. #, etc.

ORLANDO

City & State

FLA.

Zip

32868-1485

Country

ORANGE

4. FEI Number

59-364-3262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUIR, DOREEN

4382 LAKE ORLANDO PARK WAY SOUTH

ORLANDO FL 32808

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 reconstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

PRESIDENT
DOREEN MUIR
4382 LAKE ORLANDO PARK WAY
ORLANDO FL 32808.

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

DOREEN MUIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/13/01 401-721-0054

Daytime Phone #

CH2E034 (5/01)