## **2001 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

## Sep 17, 2001 8:00 am Secretary of State P00000041799 DOCUMENT # 08-21-2001 90034 032 \*\*\*150.00 1. Entity Name D.A.M. CONVERSATIONAL PIECES INC. Principal Place of Business Mailing Address 78359 P.O. BOX 681485 P.O. BOX 681485 ORLANDO FL 32868-1485 ORLANDO FL 32868-1485 1211 N. ORANGE BLOSSOM TRAIL 2. Principal Place of Business 3. Mailing Address PO BOX 681485 841TE #C-37 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE OLLANDO RLANDO 4. FEI Number 364-3262 City & State LORIDA Applied For City & State Not Applicable ORANGE \$8.75 Additional 5. Certificate of Status Desired 2804 2868-1485 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUTR. DOREEN Street Address (P.O. Box Number is Not Acceptable) 4382 LAKE ORLANDO PARK WAY SOUTH ORLANDO FL 32808 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 alignature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (5/01) TITLE ☐ Change ☐ Addition TITLE ☐ Delete OKLANDO PAKK WAY NAME NAME CH2E034 ( STREET ADDRESS STREET ADDRES 32808. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI £ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED

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