

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

04-28-2003 90486 047 \*\*\*150.00

**DOCUMENT # P00000041799**

1. Entity Name  
**D.A.M. CONVERSATIONAL PIECES INC.**



Principal Place of Business  
**181 WEST MAINE AVE.  
LONGWOOD FL 32750**

Mailing Address  
**P.O. BOX 681485  
ORLANDO FL 32868-1485**



2. Principal Place of Business

**734 Sherwood Terr. Dr.  
Suite, Apt. #, etc.  
#206**

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Orlando, Florida**

City & State

4. FEI Number **59-3643262**

Applied For  
☐ Not Applicable

Zip **32818**

Country **USA**

Zip

Country

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  
4362 LAKE ORLANDO PARK WAY SOUTH  
ORLANDO FL 32808**

Name **Doreen Muir**  
Street Address (P.O. Box Number is Not Acceptable) **734 Sherwood Terr. Drive #206**  
City **Orlando** **FL** Zip Code **32818**

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.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/24/03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MUIR, DOREEN</b>	
STREET ADDRESS	<b>4362 LAKE ORLANDO PKWY</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>DOREEN MUIR</b>
CITY-ST-ZIP	<b>734 SHERWOOD TERRACE DR</b>
	<b>#206 ORLANDO-FLA-32818</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)