

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90013 033 ***150.00

0044188

DOCUMENT # P00000055045

1. Entity Name
DAMAR REALTY, INC.

Principal Place of Business
**1132 GREEN VISTA CIRCLE
 AOPKA FL 32712**

Mailing Address
**1132 GREEN VISTA CIRCLE
 AOPKA FL 32712**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2754 Chaddsford Cir.** 3. Mailing Address **2754 Chaddsford Cir.**

Suite, Apt. # etc.
#102

Suite, Apt. # etc.
#102

City & State
Oviedo, FL.

City & State
Oviedo, FL

4. FEI Number
59-3649406

Applied For
 Not Applicable

Zip **32765** Country **USA**

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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

**WALKER, BERRY J JR.
 235 SOUTH MAITLAND AVENUE
 SUITE 216
 MAITLAND FL 32751**

Name **MARIA E. BARSH**
 Street Address (P.O. Box Number is Not Acceptable) **2754 Chaddsford Circle #102**
 City **Oviedo** FL Zip Code **32765**

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 **MARIA E. BARSH, PRES. Maria E. Barsh**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D BARSH, MARIA E	<input type="checkbox"/> Delete
STREET ADDRESS	2754 CHADSFORD CIRCLE #102	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 address, with all other line empowered.

SIGNATURE: **Maria E. Barsh, Pres. Jan 25 2001 407-673-8820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)