

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90973 038 \*\*\*150.00

**DOCUMENT #**

1. Entity Name  
 P00000082520  
 DAC ENTERPRISES INC.

Principal Place of Business Mailing Address  
 6913 NW 43rd ST  
 MIAMI FL 33166

2. Principal Place of Business 3. Mailing Address  
 6913 NW 43 ST 9946 NW 49th Terr  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 MIAMI FL MIAMI FL  
 Zip Country Zip Country  
 33166 MIAMI DADE 33178 MIAMI DADE

4. FEI Number Applied For  
 65-1038834 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**C0059158**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 WALTER D. LUNDOLIUS SR  
 9946 NW 49 Terr  
 MIAMI FL 33178-1919

7. Name and Address of New Registered Agent  
 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: *Walter D. Lundolius Sr* DATE: *01*  
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.  **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

TITLE	PRESIDENT - DIRECTOR <input type="checkbox"/> Delete
NAME	KATHLEEN H. COCKRELL
STREET ADDRESS	8933 SW 123 COURT
CITY-ST-ZIP	MIAMI FL 33186
TITLE	VICE PRESIDENT - DIRECTOR <input type="checkbox"/> Delete
NAME	DAVID A. COCKRELL
STREET ADDRESS	8933 SW 123 COURT
CITY-ST-ZIP	MIAMI FL 33186
TITLE	STEPHANIE M. COCKRELL <input type="checkbox"/> Delete
NAME	STEPHANIE M. COCKRELL
STREET ADDRESS	8933 SW 123 CT
CITY-ST-ZIP	MIAMI FL 33186
TITLE	LUNDOLIUS, WALTER D. SR <input type="checkbox"/> Delete <i>STD</i>
NAME	LUNDOLIUS, WALTER D. SR
STREET ADDRESS	9946 N.W. 49 TERR
CITY-ST-ZIP	MIAMI FL 33178
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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.

SIGNATURE: *Walter D. Lundolius SR RA* DATE: *4/19/2001* DAYTIME PHONE #: *305 592 5822*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (11/00)