

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90106 034 \*\*\*150.00

**DOCUMENT # P00000088615**

1. Entity Name  
**DAISY'S ISLAND, INC.**

Principal Place of Business  
**1932 HOWELL BRANCH RD  
 WINTER PARK FL 32792**

Mailing Address  
**1932 HOWELL BRANCH RD  
 WINTER PARK FL 32792**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 941569**  
 Suite, Apt. #, etc.

City & State  
**MAITHAND FL**

Zip  
**32794**

Country  
**SEMINOLE**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**APPLIED FOR**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ Applied For  
☐ Not Applicable

6. Name and Address of Current Registered Agent

**MENDES, ELZA  
 1932 HOWELL BRANCH RD  
 WINTER PARK FL 32792**

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 \_\_\_\_\_ (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		
TITLE	NAME	<input type="checkbox"/> Delete
NAME	STREET ADDRESS	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
NAME	STREET ADDRESS	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
NAME	STREET ADDRESS	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
NAME	STREET ADDRESS	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
NAME	STREET ADDRESS	
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	
CITY-ST-ZIP		
TITLE	NAME	<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: **ELZA MENDES** Date: **4-5-2001** Daytime Phone #: **407-657-1311**

CR2E034 (10/00)