

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90945 011 ***150.00

DOCUMENT # P00000105020	
1. Entity Name DANIEL CONTINI, INC.	

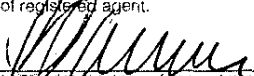
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 677 N. Alafaya Trail	3. Mailing Address 677 N. Alafaya Trail
Suite, Apt. #, etc. Waterford Lakes Town Center	Suite, Apt. #, etc. Waterford Lakes Town Center
City & State Orlando, FL	City & State Orlando, FL
Zip 32828	Country Orange

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3681543	Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name Rand Calender	
Street Address (P.O. Box Number is Not Acceptable)		
5765 Oak Lake Trail		
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  Officer **Lois Calender** DATE: **03/02/03**

Signature of the registered agent is required when reissuing. (NOTE: Registered Agent signature is required when reissuing.)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	P	TITLE	
NAME	Contini, Madeline	NAME	
STREET ADDRESS	14001 King Sago Court, Orlando, FL 32828	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Calender, Rand	NAME	
STREET ADDRESS	5765 Oak Lane Trail, Oviedo, FL 32765	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Calender, Lois	NAME	
STREET ADDRESS	5765 Oak Land Trail, Oviedo, FL 32765	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **03/02/03** **407-359-5083**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)