FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90945 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105020

1. Entity Name

DANIEL CONTINI, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
677 N. Alafaya Trail	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	Zip 32828 / Country Orange

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

DO NOT WRITE IN THIS SPACE

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 03/02/03

Signature of, and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Contini, Madeline 14001 King Sago Court,Orlando, Fl 32828
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Calender, Rand 5765 Oak Lane Trail, Oviedo, Fl 32765
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Calender, Lois 5765 Oak Land Trail, Oviedo, Fl 32765
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

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: Madeline Contini MADELINE CONTINI 03/02/03 407-359-5083

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