

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90124 002 \*\*\*150.00

**DOCUMENT # P01000053325**

1. Entity Name

**DANIELS PARKWAY INVESTMENTS, INC.**



Principal Place of Business  
**501 BRICKELL KEY DR STE 504**  
**MIAMI FL 33131**

Mailing Address  
**501 BRICKELL KEY DR STE 504**  
**MIAMI FL 33131**

**10032594**



2. Principal Place of Business

**32021 Brookstone Drive**

3. Mailing Address

**PMB PTY 3977**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 25207**

☒ CHECK HERE IF MAKING CHANGES

City & State

**Wesley Chapel, FL**

City & State

**Miami, FL**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

**33544**

Country

Zip

**33102**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, WESLEY M ESQ.**  
**501 BRICKELL KEY DR STE 504**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Sherry, Linda M.**

Street Address (P.O. Box Number is Not Acceptable)  
**32021 Brookstone Drive**

City **Wesley Chapel**

**FL**

Zip Code  
**33544**

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 Linda M Sherry **Linda M. Sherry**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/5/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **MATHENEY, A. GROVER**  
STREET ADDRESS **PO BOX 25207**  
CITY-ST-ZIP **MIAMI FL 33102**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **MATHENEY, FREDDIEANN**  
STREET ADDRESS **PO BOX 25207**  
CITY-ST-ZIP **MIAMI FL 33102**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **MAJOR, ELLEN**  
STREET ADDRESS **14 JENNEY LANE**  
CITY-ST-ZIP **MARION MA 02738**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **MAJOR, LANDIS**  
STREET ADDRESS **14 JENNEY LANE**  
CITY-ST-ZIP **MARION MA 02738**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **Tribble, David**  
STREET ADDRESS **PMB PTY 3977, P.O. Box 25207**  
CITY-ST-ZIP **Miami, FL 33102**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S/T** ☐ Delete  
NAME **Santamaría, Aida**  
STREET ADDRESS **PMB PTY 3977, P.O. Box 25207**  
CITY-ST-ZIP **Miami, FL 33102**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**David A. Tribble**

**February 25, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)