

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-27-2002 90413 039 ***150.00

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

DOCUMENT # PO1000111212
1. Entity Name
DACONART INC.

DO NOT WRITE IN THIS SPACE

93923

2. Principal Place of Business
9906 W. Linedaugh Ave
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL
Country

City & State
Zip
Country

4. FEI Number
59-3756509

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent
Name
David Womble
Street Address (P.O. Box Number is Not Acceptable)
2046 Indigo Terrace
City
Dunedin FL 34698

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 David Womble DATE 4-30-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>David Womble</u> <u>2046 Indigo Terrace</u> <u>Dunedin, FL 34698</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V. President</u> <u>Connie G. Harris</u> <u>921 Chatham Way</u> <u>Balm Harbor, FL 34692</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.
SIGNATURE: David Womble DAVID WOMBLE DATE 4-30-02 792-2960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #