

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90887 001 ***476.25

0086375 AV

DOCUMENT # P02000060935

1. Entity Name
DANIEL CORPORATION OF WINTER PARK II, INC.



Principal Place of Business
696 N. MAITLAND AVE.
MAITLAND FL 32751

Mailing Address
696 N. MAITLAND AVE.
MAITLAND FL 32751

2. Principal Place of Business
623 MAITLAND AVE
Suite, Apt. #, etc.
SUITE 1101
City & State
ALTAMONTE SPRINGS, FL

3. Mailing Address
623 MAITLAND AVE.
Suite, Apt. #, etc.
SUITE 1101
City & State
ALTAMONTE SPRINGS, FL

4. FEI Number
81-0560149 Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
ROBILLARD, KEVIN M
696 N. MAITLAND AVE.
MAITLAND FL 32751

7. Name and Address of New Registered Agent
Name
KEVIN M. ROBILLARD
Street Address (P.O. Box Number is Not Acceptable)
623 MAITLAND AVE., SUITE 1101
City ALTAMONTE SPRINGS FL Zip Code 32701

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBILLARD, KEVIN M 696 N. MAITLAND AVE. MAITLAND FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, I T KEVIN M. ROBILLARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 623 MAITLAND AVE, SUITE 1101 ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V, P, S BOB ROBILLARD <input type="checkbox"/> Change <input type="checkbox"/> Addition 623 MAITLAND AVE, SUITE 1101 ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: KEVIN M. ROBILLARD 4-29-03 407-644-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

DANIEL CORPORATION

Attachment
S97730

Enclosed is check in
the amt. of $476.²⁵$
for 3 documents

- ① - S97730
- ② P - 97000011244
- ③ PO2 000060935

Thank you
