

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000102790

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: DAISY MAY ENTERPRISES, INC.

**Current Principal Place of Business:**

11613 OTTAWA AVE.  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

11613 OTTAWA AVE.  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 54-2077722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONCRIEFFE, GABE B  
11613 OTTAWA AVE.  
ORLANDO, FL 32837

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MONCRIEFFE, GABE  
Address: 11613 OTTAWA AVE.  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: MONCRIEFFE, ANITA E  
Address: 11613 OTTAWA AVE.  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABE B. MONCRIEFFE

D

04/28/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date