

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

007347

DOCUMENT # P95000080565

1. Entity Name

***DAMEIER II, INC.**

04-23-2001 90143 008 ***150.00

Principal Place of Business 404 N. MIRAMAR INDIALANTIC FL 32903	Mailing Address 404 N. MIRAMAR INDIALANTIC FL 32903
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004104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3342680	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

**DAVIDS, TIMOTHY J
404 N. MIRAMAR
INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name **Carol L. Davids** *Personal Rep. of Estate of T.G. Davids*

Street Address (P.O. Box Number is Not Acceptable)
404 N. Miramar Avenue

Indialantic

City **FL** Zip Code **32903**

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 **Carol L. Davids** *Carol L. Davids* **4/13/01**

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIDS, TIMOTHY J	
STREET ADDRESS	404 N. MIRAMAR	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREITMEIER, JAMES W	
STREET ADDRESS	417 SUNSET BLVD.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol L. Davids	
STREET ADDRESS	404 N. Miramar Avenue	
CITY-ST-ZIP	Indialantic FL 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Carol L. Davids** *Carol L. Davids* **4/13/01** **381-723-5611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Personal Rep. of Estate of T.G. Davids

Daytime Phone #

CR2E034 (10/00)