2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095404



FILED Feb 21, 2003 8:00 am Secretary of State

THE DAI	MIO COMPANY			02-21-2003 90210 020 ***150.00			
Principal Place of Business 1610 ROBERT ST. LONGWOOD FL 32750 US		Mailing Address 1610 ROBERT ST. LONGWOOD FL 32750 US			E 18181 JUN 1118		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKIN	IG CHANGES	S	
City & State		City & State		4. FEI Number 59-3415257 Applied For			
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Ac	ot Applicable	
6. Name and Address of Curren		legistered Agent		7. Name and Address of New Registered Agent			
			Name	The same and Address of New Hegistered	Agent		
SNIVELY, CHRISTOPHER 1610 ROBERT ST. LONGWOOD FL 32750				Street Address (P.O. Box Number is Not Acceptable)			
LONGWOOD PE 32/30			City				
3				FL Zip Code			
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing it	s registered office or regi	stered agent, or both, in the State of Florida. I am	familiar with	, and accept	
are obliga	tions of registered agent.						
SIGNATURE		•					
٠,	Signature, typed or printed name of registered agent an	d title if applicable. (NO	TE: Registered Agent signature req	ulred when reinstating) DATE			
F	ILE NOW!!! FEE IS \$150.00	· ·					
	r May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	\$5.0	00 May Be	
Make Check	Payable to Florida Department of \$	State		Trust Fund Contribution.	Adde	d to Fees	
10.	OFFICERS AND D		11.	ADDITIONS (CHANGES TO CET OFFICE			
TITLE	Р	□ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AN			
NAME	SNIVELY, CHRISTOPHER	L Delete	NAME		☐ Change	☐ Addition	
STREET ADDRESS	1610 ROBERT ST.		STREET ADDRESS				
CHTY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP				
TITLE		Delete	TITLE				
NAME		L Delete	NAME		☐ Change	☐ Addition (
STREET ADDRESS			STREET ADDRESS	·		- 1	
CITY-ST-ZIP			CITY-ST-ZIP			ì	
TITLE					:		
NAME		☐ Delete	TITLE NAME		☐ Change	☐ Addition	
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TITLE							
NAME		☐ Delete	TITLE		Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS			ľ	
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NAME		. Delete	TITLE		Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS			ĺ	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			}	
TITLE	-						
VAME		☐ Delete	TITLE		Change	☐ Addition	
STREET ADDRESS	•		NAME				
CITY-ST-ZIP			STREET ADDRESS				
12. hereby certify that the information supplied with this filing does not qualify for the exe			CITY-ST-ZIP				
ı∡. i nereby c	ertify that the information supplied with th	is filing does not qualify for	the exemption stated in :	Section 119 07(3)(i) Florida Statutos Lifurther con	+16 +1 +4 !	4	

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 trostee empowered to execute this port 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 AND TYPED OR PRINTED NAME OF SIGNING

407-620-2357