

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90223 004 ***150.00

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

DOCUMENT # **798000105830**

1. Entity Name

D A INVESTORS GROUP, INC.

DO NOT WRITE IN THIS SPACE

11034597

2. Principal Place of Business

1805 SW 8th place
 Suite, Apt. #, etc.

3. Mailing Address

1805 SW 8th place
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ocala FL

City & State

Ocala, FL

4. FEI Number

65-0899618

Applied For

Not Applicable

Zip

34476

Country

US

Zip

34476

Country

US

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
 IN THIS SPACE**

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

Signature, typed or printed of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$51.25

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 **D**
 NAME **SAWANA, FRANCES S**
 STREET ADDRESS **3024 SE 7th Street**
 CITY - ST - ZIP **Ocala FL 34471**

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE **D**
 NAME **MCCOMBS DIANE**
 STREET ADDRESS **1805 SW 8th place**
 CITY - ST - ZIP **Ocala FL 34476**

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**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address with all other like empowered.

SIGNATURE: **Diane McCombs**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
 Date

352-351-0011
 Daytime Phone #