

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90156 010 \*\*\*150.00

**DOCUMENT # P99000000484**

1. Entity Name  
**D & A MANAGEMENT, INC.**



Principal Place of Business  
**4231 GULFSTREAM BAY DRIVE  
ORLANDO FL 32822**

Mailing Address  
**4231 GULFSTREAM BAY DRIVE  
ORLANDO FL 32822**

2. Principal Place of Business  
**12667 Kirby Smith Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**12667 Kirby Smith Rd**  
Suite, Apt. #, etc.

City & State  
**Orlando FL**  
Zip  
**32832**

Country

City & State  
**Orlando FL**  
Zip  
**32832**

Country

4. FEI Number  
**59-3548773**

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

**LITTON, SANDRA  
4231 GULFSTREAM BAY DRIVE  
ORLANDO FL 32822**

## 7. Name and Address of New Registered Agent

Name  
**LITTON, SANDRA**  
Street Address (P.O. Box Number is Not Acceptable)  
**12667 Kirby Smith Rd.**  
City  
**Orlando** FL Zip Code  
**32832**

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 **Sandra Litton**

Signature, typed or printed name of registered agent and title if applicable.

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**4-15-03**

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  
**PSTD  
LITTON, SANDRA  
4231 GULFSTREAM BAY DRIVE  
ORLANDO FL 32822** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
Litton, Sandra  
12667 Kirby Smith Rd  
Orlando, FL 32832** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ 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: **Sandra Litton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

**4-15-03**

Date

**407-381-2782**

Daytime Phone #

CR2E034 (10/02)