2000 UNIFORM BUSINESS REPORT (UBR)

8/1/00-90002-033-\$550.00-\$550.00

DOCUI 1. Entity Name DFP TW	# P990000	03730			-	SECRETAR SIVIAL TO	LED Y OF STATE COMPORATIO	The state of the s		
Principal Place	Mailing Address				on oct 😂	7; PM 3: 29	l			
526 THORPE RD. ORLANDO FL 33824			P.O. BOX 590007 ORLANDO FL 32859				00 001			
2. Principal Place of Business			3. Mailing Address			_	- I CERTIÈRA ME CALLE ENLE ENLE ENLE ENLE ENLE ENLE ENLE			
Suite, Apt. #, etc.			Sulte, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State				4. FEI Number 59-3554595	└	pplied For ot Applicable	}
Zip Country			Zip Country			5. Certificate of Status Desired	S8.75 Ac Fee Require			
	6. Name	and Address of Current Re	glatered Agent	<u></u>	Name	- -	7. Name and Address of New Rec	Istered Agent		-
VARGO, JAMES D							(OO Co. M. who is Not Associable)			
526	THORPE R	OAD	S			1 Address (P.O. Box Number is Not Acceptable)				
ORL	ando fl 3	33824	,]
			I		City			FL Zip Con	eb	
8. The above	named entity	submits this statement for th	ne purpose of changing its	register	ed office or	registered	agent, or both, in the State of Florid	<u></u>		1
SIGNATURE .	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signatur	n required w	hen reinstating)	DATE		
Tax filing re		ible to satisfy its intangible and elects to do so.	FILE NOW! After SEPTEMBER 1 Make Check Payab	3, 2000	Min. will b	ia \$75 0.l	10. Election Campaign Finar Trust Fund Contribution.		DO May Be d to Fees	
11.	<u> </u>	OFFICERS AND DI		12.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete DANIELS, SHERRY B 6445 CAY CIR. ORLANDO FL							☐ Change	Addition	C12.6.A.D
TITLE	URLAND	U FL	☐ Delete	TITL				☐ Change	Addition	\z
NAME STREET ADDRESS CITY-ST-ZIP					EET ADORESS '- ST-ZIP					
TITLE	·		Delete	NAM	E. = 5 E EET ADDRESS *				Addition	}
CITY-ST-ZIP				CITY	-ST-ZIP					-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete		EET ADDRESS		10.00	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME			☐ Delete	TITLI NAM			Pa toti	V ☐ Change	☐ Addition	-
STREET ADDRESS CITY-ST-ZIP	ocatific the set of	o information pure find with the	is filling done not qualify for	STRE	ET ADDRESS '-ST-ZIP	or in Section	lton 119.07(3)(i), Florida Statutes. I to	irther 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 it 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 wittl ap address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PHINTED HAME OF SHOWING OFFICER OR DIRECTOR