

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90156 019 ***150.00

DOCUMENT # P99000012565

1. Entity Name

THE D N A GROUP, INC.

Principal Place of Business

Mailing Address

STATE ROAD 580. STE. 8
 SAFETY HARBOR FL 34695

3135 STATE ROAD 580. STE. 8
 SAFETY HARBOR FL 34695-4917

2. Principal Place of Business

3. Mailing Address

4772 Ridgemoor Circle
 Suite, Apt. #, etc.

36181 East Lake Rd.
 Suite, Apt. #, etc.

City & State

City & State

Palm Harbor Florida

Palm Harbor Florida

4. FEI Number

Applied For

Zip

Country

Zip

Country

59-3574382

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNSELL, DEBBIE
215 WOODLAND CT.
SAFETY HARBOR FL 34695

Name **Debbie Unsell**

Street Address (P.O. Box Number is Not Acceptable)
4772 Ridgemoor Circle

City **Palm Harbor**

FL

Zip Code **34685**

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

Debbie Unsell

4/29/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	UNSELL, DEBBIE
STREET ADDRESS	215 WOODLAND CT.
CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE	D <input type="checkbox"/> Delete
NAME	BUSCEMA, ALLISYN
STREET ADDRESS	215 WOODLAND CT.
CITY-ST-ZIP	SAFETY HARBOR FL 34695
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	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Unsell, Debbie
STREET ADDRESS	4772 Ridgemoor Circle
CITY-ST-ZIP	Palm Harbor, FL 34685
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	buseema, allisyn
STREET ADDRESS	4772 Ridgemoor Circle
CITY-ST-ZIP	Palm Harbor, FL 34685
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:

Debbie Unsell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

727-723-2377

Daytime Phone #