## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P99000026000

1. Entity Name

THE DAMAR CORP. INTERNATIONAL, INC.



## Mar 20, 2003 8:00 am 8 Secretary of State **FILED**

03-20-2003 90093 036 \*\*\*150.00

						OF WE IN					
Principal Place of Business 205 N BLVD WEST LEESBURG FL 34748		205 N	Mailing Address 205 N BLVD WEST LEESBURG FL 34748								
2. Principal Place of Business			3. Mail	3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				.  CHECK HERE IF MAKING CHANGES			
City & State			City	City & State				4. FEI Number 59-3574964 Applied For Not Applicable			
Zip	Country		Zip	Zip		Country		Certificate of Status Desired		8.75 Add	
	6. Name	and Address of	Current Registere	d Agent		r=	7.	Name and Address of New R	egistered A	gent	
						Name					
	STEPHEN (			Street Addre			ess (P.O. I	(P.O. Box Number is Not Acceptable)			
907 WEBSTER STREET LEESBURG FL 34748											-
		\$				City			FL	Zip Code	•
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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
	Signature, typed	or printed flame of registr	sed agent and title if app	Mable. (1012	. Hogistores	r Agent signatore re	-quires milen	- I			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of \$100.00				State				9. Election Campaign Fir Trust Fund Contributio	ın.	Added	May Be to Fees
10.		OFFICE	RS AND DIRECTO	RS	11.		Al	DDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	828 VASS	DAVID A SR AR STREET FL 32804		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKER, I 1420 VINE	MARK S	~	☐ Delete	I -				***	☐ Change	Addition
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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 of 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 at other like empowered.

**SIGNATURE:** 

KAZA, JIRED