


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

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90141 006 ***150.00

DOCUMENT # P 99000098191	
1. Entity Name DE MARCO'S NEW DAY ENTERPRISES INC	

DO NOT WRITE IN THIS SPACE

90134645

2. Principal Place of Business 17811 US Hwy 41 Suite, Apt. #, etc.	3. Mailing Address 17811 US Hwy 41 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SPRING Hill FLA	City & State SPRING Hill FLA	4. FEI Number 59-3608377	Applied For <input type="checkbox"/> Not Applicable
Zip 34610	Country PASCO	Zip 34610	Country PASCO

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name JOSEPH V. DE MARCO	
Street Address (P.O. Box Number is Not Acceptable) 17811 US Hwy 41	
City SPRING Hill	FL Zip Code 34610

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 *Joseph V. De Marco*

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

(NOTE: 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 \$81.25
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 PRESIDENT	NAME JOSEPH VINCENT DE MARCO	TITLE	
STREET ADDRESS 17811 US Hwy 41	STREET ADDRESS	NAME	
CITY-ST-ZIP SPRING Hill FLA 34610	CITY-ST-ZIP	STREET ADDRESS	
TITLE VICE PRESIDENT	NAME DIANE DE MARCO	TITLE	
STREET ADDRESS 17811 US Hwy 41	STREET ADDRESS	NAME	
CITY-ST-ZIP SPRING Hill FLA 34610	CITY-ST-ZIP	STREET ADDRESS	
TITLE SECRETARY	NAME DIANE DE MARCO	TITLE	
STREET ADDRESS	STREET ADDRESS	NAME	
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	
TITLE TREASURER	NAME DIANE DE MARCO	TITLE	
STREET ADDRESS SAMUEL AS ABOVE	STREET ADDRESS	NAME	
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
NAME	STREET ADDRESS	NAME	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	

**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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph V. De Marco* **JOSEPH V. DE MARCO (352)346-6420**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)