

2001 UNIFORM BUSINESS REPORT (UBR)

Paige

DOCUMENT # P99000099174

1. Entity Name
D.A.A. CORPORATION

Principal Place of Business
4880 STACK BLVD
E3 + E4
MELBOURNE FL 32901

Mailing Address
P.O. BOX 033836
INDIALANTIC FL 32903

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 11 AM 9:29



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0959858 Applied For
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**

CIRACO, ROXANNA P
430 MOSSWOOD BLVD
INDIALANTIC FL 32903

Name
Street Address (P.O. Box Number is Not Acceptable)
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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P CIRACO, ROXANNA P 430 MOSSWOOD BLVD INDIALANTIC FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CIRACO, DOMINICK A 430 MOSSWOOD BLVD INDIALANTIC FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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-07/24/01-01095-015
****150.00 ****150.00

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: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/4/01 Daytime Phone #: 728-5999

CR2E034 (5/01)

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DALE L. COX, CPA

969 HAAS AVENUE NE
PALM BAY, FLORIDA 32907
(321) 258-6678

July 3 , 2001

TYRONE SCOTT
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: D.A.A. CORPORATION

Dear Mr. Scott:

I serve as the CPA for the above referenced corporation. In April I had a break in and my computer, cell phone, four catalog cases full of client files and paperwork, my checkbook and the case with my back-up disks were all stolen. To date the police have not been able to recover any of the stolen items.

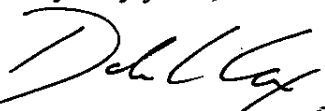
Included in one of the cases was the source documents provided to me by D.A.A. Corporation to use in the preparation of their corporate tax returns, which were on extension. I was unaware that D.A.A. Corporation had included with this original information their corporate annual report. It was not until they received their notice this week that we realized what had happened.

Based upon the above facts and circumstances, that were beyond the control of the corporation, I respectfully request that you process their corporate annual report and waive the additional fees for late filing due to a reasonable cause.

Enclosed, please find their check in the amount of \$150.00. Thank you for your assistance in getting this report properly processed with the waiver of the late fee.

Please call if you have any questions and/or need further clarification.

Very truly yours,


Dale L. Cox, CPA

Enclosure