

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90887 001 ***476.25

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DOCUMENT # **S97730**

1. Entity Name
DANIEL CORPORATION OF WINTER PARK, INC.



Principal Place of Business
696 N. MAITLAND AVE
MAITLAND FL 32751

Mailing Address *OK*
P. O. BOX 3643
WINTER PARK FL 32790

623 maitland Ave
Altamonte Springs 71 32750

2. Principal Place of Business
623 maitland Ave

3. Mailing Address

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Altamonte Springs

City & State

4. FEI Number **65-0304235**

Applied For
Not Applicable

Zip
32750

Country
Seminole

Zip

Country

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

GHOVITZ, AARON
600 COURTLAND STREET
215 NORTH EOLA LANE
ORLANDO FL 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **WITWICKY, LAILA**
STREET ADDRESS ~~696 MAITLAND AVE~~
CITY-ST-ZIP ~~MAITLAND FL 32751~~

Change Addition
LAILA WITWICKY
623 MAITLAND AVE
ALTAMONTE SPRINGS 71 32750

TITLE Delete
NAME **ROBILLARD, KEVIN**
STREET ADDRESS ~~696 MAITLAND AVE~~
CITY-ST-ZIP ~~MAITLAND FL 32751~~

Change Addition
KEVIN ROBILLARD
623 MAITLAND AVE
ALTAMONTE SPRINGS 71 32750

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laila Witwicky Pres.* **(407) 644-6900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *4/29/03* Daytime Phone #

CR2E034 (10/02)