## 2002 Uniform Business Report (UBR)

SIGNATURE:

## Mar 13, 2002 8:00 am § **DOCUMENT #** 656571 **Secretary of State** 1. Entity Name 03-13-2002 90144 028 \*\*\*158.75 J.W. DANIELS CONSTRUCTION, INC. Principal Place of Business Mailing Address 7600 BRYAN DAIRY RD N 7600 BRYAN DAIRY RD N STE A STE A LARGO FL 33777 LARGO FL 33777 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2000250 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHN W DANIELS JR Street Address (P.O. Box Number is Not Acceptable) 7600 BRYAN DAIRY RD N STE A **LARGO FL 33777** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) ↑ Change ☐ Addition TITLE □ Delete TITLE NAME NAME DANIELS, SHARON K CR2E034 STREET ADDRESS 8662 PELICAN COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 0 33777 TITLE ☐ Delete TITLE ☐ Addition NAME DANIELS, JOHN W, JR STREET ADDRESS 8662 PELICAN COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 0 33777 TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 ampowered.

Daytime Phone #