

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90031 041 ***150.00

DOCUMENT # K77582

1. Entity Name

DANIELSON, CLARKE, CHARBONNEAU & PLATT, P.A.

Principal Place of Business

C/O DAVID A. DANIELSON
444 BUNKER ROAD/POST OFFICE BOX 6158
WEST PALM BEACH FL 33405

Mailing Address

C/O DAVID A. DANIELSON
444 BUNKER ROAD/POST OFFICE BOX 6158
WEST PALM BEACH FL 33405

2. Principal Place of Business

C/O DAVID A. DANIELSON

3. Mailing Address

C/O DAVID A. DANIELSON

Suite, Apt. #, etc.

1800 OLD OKEECHOBEE RD, #100

Suite, Apt. #, etc.

1800 OLD OKEECHOBEE RD, #100

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

Country

33409-5207 USA

Zip

Country

33409-5207 USA

4. FEI Number

65-0115902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIELSON, DAVID A.
444 BUNKER ROAD
P.O. BOX 6158
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name

DAVID A. DANIELSON

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

1800 OLD OKEECHOBEE RD, SUITE 100

City

WEST PALM BEACH

FL

Zip Code

33409-5207

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DANIELSON, DAVID A. 444 BUNKER ROAD WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARKE, JOHN B 444 BUNKER RD WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACQUI CHARBONNEAU 1800 OLD OKEECHOBEE RD, SUITE 100 WEST PALM BEACH, FL 33409-5207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LYLE C. PLATT 1800 OLD OKEECHOBEE RD, SUITE 100 WEST PALM BEACH, FL 33409-5207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DAVID A. DANIELSON 1800 OLD OKEECHOBEE RD, SUITE 100 WEST PALM BEACH, FL 33409-5207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHN B. CLARKE 1800 OLD OKEECHOBEE RD, SUITE 100 WEST PALM BEACH, FL 33409-5207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/01

Daytime Phone

561-615-6650

ext 242

CR2E034 (10/00)