

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90945 028 ***150.00

DOCUMENT # K77582

1. Entity Name
DANIELSON, CLARKE, CHARBONNEAU & PLATT, P.A.



Principal Place of Business
**C/O DAVID A. DANIELSON
1800 OLD OKEECHOBEE RD #100
WEST PALM BEACH FL 33409-5207**

Mailing Address
**C/O DAVID A. DANIELSON
1800 OLD OKEECHOBEE RD #100
WEST PALM BEACH FL 33409-5207**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**DANIELSON, DAVID A.
1800 OLD OKEECHOBEE RD STE 100
WEST PALM BEACH FL 33409-5207**

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

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
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 **PT** ☐ Delete
NAME **DANIELSON, DAVID A.**
STREET ADDRESS **1800 OLD OKEECHOBEE RD STE 100**
CITY-ST-ZIP **WEST PALM BEACH FL 33409-5207**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete
NAME **CLARKE, JOHN B**
STREET ADDRESS **1800 OLD OKEECHOBEE RD STE 100**
CITY-ST-ZIP **WEST PALM BEACH FL 33409-5207**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☐ Delete
NAME **CHARBONNEAU, JACQUI**
STREET ADDRESS **1800 OLD OKEECHOBEE RD STE 100**
CITY-ST-ZIP **WEST PALM BEACH FL 33409-5207**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☐ Delete
NAME **PLATT, LYLE C**
STREET ADDRESS **1800 OLD OKEECHOBEE RD STE 100**
CITY-ST-ZIP **WEST PALM BEACH FL 33409-5207**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
DAVID A. DANIELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

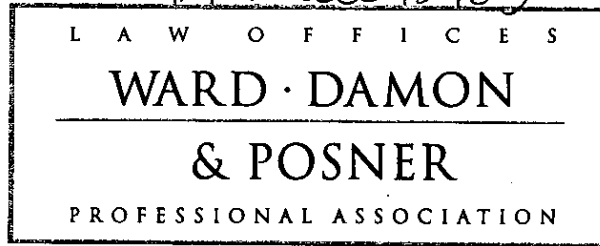
2-19-03
Date

561-615-6650
Daytime Phone

CR2E034 (10/02)

Attachment
#P95000072405

70019273



Conrad Damon
E-mail: cdamon@warddamon.com

4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407
TEL: (561) 842-3000 • FAX: (561) 842-3626

February 19, 2003

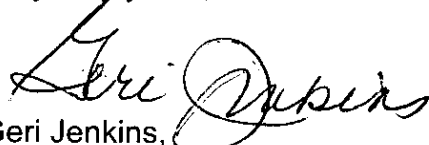
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Phiando, Inc.

To Whom It May Concern:

Enclosed please find the 2003 Uniform Business Report for the above-referenced corporation along with our firm's check for \$150.00 for filing the Report.

Very truly yours,


Geri Jenkins,
Legal Assistant to Conrad Damon

CD/gaj
Enclosures

cc: Phiando, Inc.

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