

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90111 005 \*\*\*150.00

**DOCUMENT # 156738**

1. Entity Name  
**THE DANIELL COMPANY**



Principal Place of Business  
**GILLMORE III, FREDERICK  
5985 TONAWANDA DRIVE  
PENSACOLA FL 32506**

Mailing Address  
**GILLMORE III, FREDERICK  
P O BOX 2295  
PENSACOLA FL 32513**

2. Principal Place of Business

**5985 TONAWANDA DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**5985 TONAWANDA DRIVE**

Suite, Apt. #, etc.

**20004195**



☐ CHECK HERE IF MAKING CHANGES

City & State  
**PENSACOLA FL**

City & State  
**PENSACOLA FL**

4. FEI Number  
**59-0611210**

Applied For  
☐ Not Applicable

Zip  
**32506**

Country  
**USA**

Zip  
**32506**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GILLMORE, FREDERICK III  
713 GULF BREEZE PARKWAY  
GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent

Name  
**FREDERICK GILLMORE III**

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

**5985 TONAWANDA DRIVE**

City  
**PENSACOLA**

**FL**

Zip Code  
**32506**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/8/03**  
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  
**VD** ☐ Delete  
NAME  
**HOBGOOD, RANDALL S**  
STREET ADDRESS  
**5985 TONAWANDA DRIVE**  
CITY-ST-ZIP  
**PENSACOLA FL 32506**

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

TITLE  
**PD** ☐ Delete  
NAME  
**GILLMORE, FREDERICK III**  
STREET ADDRESS  
**5985 TONAWANDA DRIVE**  
CITY-ST-ZIP  
**PENSACOLA FL 32506**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/03 (850) 455-3831**  
Date Daytime Phone #

CR2E034 (10/02)