2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am § Secretary of State DOCUMENT # 323060 1. Entity Name 03-13-2002 90118 033 ***150.00 WARREN E. DANIELS CONSTRUCTION COMPANY Principal Place of Business Mailing Address 821 NE 36TH TERRACE 821 NE 36TH TERRACE #6 #6 OCALA FL 34470 OCALA FL 34470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1209484 Not Applicable Zip Country Zip Country \$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 DANIELS, WARREN E SR-Street Address (P.O. Box Number is Not Acceptable) 12525 SE SUNSET HARBOR RD WEIRSALE FL 32195 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition CR2E034 (9/01 TITLE ☐ Delete TITLE Change PD DANIELS, WARREN E SR NAME NAME STREET ADDRESS STREET ADDRESS 12525 SE SUNSET HARBOR RD CITY-ST-ZIP CITY-ST-7IP WEIRDALE FL Change Addition ☐ Delete TITLE TITLE SD NAME NAME DANIELS, BONNIE W STREET ADDRESS STREET ADDRESS 12525 SE SUNSET HARBOR BLVD CITY-ST-ZIP CITY-ST-ZIP Weirsdale fl ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME 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-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME 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

WIRRENE DANIELS

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

FILED