2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 16, 2001 8:00 am Secretary of State DOCUMENT # F9400006359 1. Entity Name DANAH CORPORATION 01-16-2001 90006 018 ***150.00 Mailing Address Principal Place of Business 313 BRANDON TOWN CENTER MALL P. O. BOX 327 ยู่ที่มีข้อดจ RIVERVIEW FL 33569 BRANDON FL 33511 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3198254 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DANAHAR, MARY L Street Address (P.O. Box Number is Not Acceptable) 313 BRANDON TOWN CENTER BRANDON FL 33511 Zíp 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE DANAHAR, MARY L NAME NAME STREET ADDRESS STREET ADDRESS 10401 KANKAKEE LN CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DANAHAR, ELIZABETH I NAME NAME STREET ADDRESS STREET ADDRESS 10401 KANKAKEE LN CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 eath; 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 ether like empowered.

SIGNATURE: