2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am F94000006359 DOCUMENT # Secretary of State 1. Entity Name 02-11-2002 90145 037 ***150.00 DANAH CORPORATION Principal Place of Business Mailing Address 313 BRANDON TOWN CENTER MALL P. O. BOX 327 BRANDON FL 33511 RIVERVIEW FL 33569 HS HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3198254 Not Applicable Zip 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 DANAHAR, MARY L Street Address (P.O. Box Number is Not Acceptable) 313 BRANDON TOWN CENTER **BRANDON FL 33511** City 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 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete DANAHAR, MARY L NAME 10401 KANKAKEE LN STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition DANAHAR, ELIZABETH I NAME STREET ADDRESS 10401 KANKAKEE LN STREET ADDRESS CITY-ST-ZIP RIVERVIEW FL 33569 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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

SIGNATURE:

CR2E034 (9/01)