

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003180

1. Entity Name

DANKA IMAGING DISTRIBUTION, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90230 011 \*\*\*150.00

Principal Place of Business

11201 DANKA CIRCLE NORTH  
ST. PETERSBURG FL 33716

Mailing Address

11201 DANKA CIRCLE NORTH  
ST. PETERSBURG FL 33716-3712

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

11201 DANKA CIRCLE NORTH

Suite, Apt. #, etc.

TAX DEPARTMENT

City & State

ST. PETERSBURG, FL

Zip  
33716

Country

UNITED STATES

4. FEI Number

59-3407349

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

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  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete  
NAME SWITZER, LARRY K  
STREET ADDRESS 11201 DANKA CIRCLE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE VC ☐ Delete  
NAME MERRIMAN, BRIAN L  
STREET ADDRESS 11201 DANKA CIRCLE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE D ☐ Delete  
NAME WOLFINGER, F. MARK  
STREET ADDRESS 11201 DANKA CIRCLE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE D ☐ Delete  
NAME BERG, DAVID P  
STREET ADDRESS 11201 DANKA CIRCLE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V/D ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P/D ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V/D ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V/S/D ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME BERRY, L. JEAN  
STREET ADDRESS 11201 DANKA CIRCLE NORTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33716

TITLE T ☐ Change ☒ Addition  
NAME SCHAAD, JR., LAURENS F.  
STREET ADDRESS 11201 DANKA CIRCLE NORTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33716

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

L. JEAN BERRY 3-29-00 (727) 568-4262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)