## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # G67684** Apr 03, 2000 8:00 am Secretary of State 1. Entity Name DANNER REAL ESTATE CONSULTANTS, INC. 04-03-2000 90126 014 \*\*\*150.00 Principal Place of Business Mailing Address PARK PLAZA. SUITE 208 PARK PLAZA. SUITE 208 120 F. OAKLAND PARK BLVD. 120 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334-1100 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 59-2351141 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANNER, JOHN C. Street Address (P.O. Box Number is Not Acceptable) 120 E OAKLAND PK BLVD #208 FT. LAUDERDALE FL 33334 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Change Addition Delete TITLE TITLE DANNER, JOHN C NAME NAME STREET ADDRESS 120 E OAKLAND PARK BLVD 208 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33334 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete 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-7(P ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ormation 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 stoppemental 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 specifically report to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ment with an address, with all other like empowered. 13. I hereby certify that the indicated on this report or s of the corporation or the rece changed, or on an attachme

ITED NAME OF SIGNING OFFICER OR DIRECTOR