

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G67684**

1. Entity Name

DANNER REAL ESTATE CONSULTANTS, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90070 029 ***150.00

Principal Place of Business

~~PARK PLAZA SUITE 208~~
~~120 E. OAKLAND PARK BLVD.~~
~~FORT LAUDERDALE FL 33334~~

Mailing Address

~~PARK PLAZA SUITE 208~~
~~120 E. OAKLAND PARK BLVD.~~
~~FORT LAUDERDALE FL 33334~~

2. Principal Place of Business

2223 S. Kanner Hwy.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

KANNER PLAZA

STUART, FL 34994

City & State

Zip

Country

Zip

Country

USA

4. FEI Number **59-2351141**

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

DANNER, JOHN C.

120 E OAKLAND PK BLVD #208
FT. LAUDERDALE FL 33334

Name

SAME - JOHN C. DANNER

Street Address (P.O. Box Number is Not Acceptable)

2223 SOUTH KANNER Hwy, KANNER PLAZA
STUART

City

FL

Zip Code

34994

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

After MAY 1, 2001 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 **PD** ☐ Delete
NAME **DANNER, JOHN C**
STREET ADDRESS **120 E OAKLAND PARK BLVD 208**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE ☐ Change ☐ Addition
NAME **2223 S. Kanner Highway**
STREET ADDRESS **STUART, FL 34994**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)