

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # H43689**1. Entity Name
DANCHAR, INC.

Principal Place of Business

1626 90 AVENUE
P O BOX 370
VERO BCH.
32961

FL

Mailing Address

1626 90 AVENUE
P O BOX 370
VERO BCH.
32961

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2502317

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RICHARDSON, DAN K.
1855-28TH AVE.
P.O. BOX 370
VERO BEACH
32961

FL

US

7. Name and Address of New Registered Agent

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)

04/23/2001

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, 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	D	<input type="checkbox"/> Delete
NAME	LUTHER, JOHN M.	
STREET ADDRESS	555 S. A1A	
CITY-ST-ZIP	VERO BCH. FL 329963	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PEREZ, THOMAS RENE	
STREET ADDRESS	2019 CORTEZ AVENUE	
CITY-ST-ZIP	VERO BCH. FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAHLE, GEORGE A.	
STREET ADDRESS	6020 S.W. 5TH ST	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	LUTHER, JOHN M.	
STREET ADDRESS	555 S. A1A	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VAT	<input type="checkbox"/> Delete
NAME	KAHLE, GEORGE A.	
STREET ADDRESS	6020 S.W. 5TH ST	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RICHARDSON, DANFORTH K.	
STREET ADDRESS	1855 28 AVE.	
CITY-ST-ZIP	VERO BCH. FL 32960	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUTHER, JOHN M.		
STREET ADDRESS	555 S. A1A		
CITY-ST-ZIP	VERO BCH. FL 329963		
TITLE	ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ, THOMAS RENE		
STREET ADDRESS	2019 CORTEZ AVENUE		
CITY-ST-ZIP	VERO BCH. FL 32960		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAHLE, GEORGE A.		
STREET ADDRESS	6020 S.W. 5TH ST		
CITY-ST-ZIP	VERO BEACH FL 32968		
TITLE	VAS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUTHER, JOHN M.		
STREET ADDRESS	555 S. A1A		
CITY-ST-ZIP	VERO BEACH FL 32963		
TITLE	VAT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAHLE, GEORGE A.		
STREET ADDRESS	6020 S.W. 5TH ST		
CITY-ST-ZIP	VERO BEACH FL 32968		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHARDSON, DANFORTH K.		
STREET ADDRESS	1855 28 AVE.		
CITY-ST-ZIP	VERO BCH. FL 32960		

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: Danforth K. Richardson

P

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)