

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H51577**

Amended

1. Entity Name
DANNY P. RINGDAHL ENT., INC.

FILED

00 APR 14 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **750 N. ATLANTIC AVE. SUITE 1209 COCOA BEACH, FL. 32931**
Mailing Address: **750 N. ATLANTIC AVE. SUITE 1209 COCOA BEACH, FL. 32931**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: _____
Zip: _____ Country: _____

4. FEI Number: **59-2525934**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DANNY P. RINGDAHL
750 N. ATLANTIC AVE.
STE. #1209
COCOA BEACH, FL 32931**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE: _____ NAME: P. RINGDAHL, DANNY P. STREET ADDRESS: 750 N. ATLANTIC AVE. STE. 1209 CITY-ST-ZIP: COCOA BEACH, FL. 32931	<input type="checkbox"/> Delete
TITLE: _____ NAME: V. RINGDAHL, JANET S. STREET ADDRESS: 750 N. ATLANTIC AVE. STE. 1209 CITY-ST-ZIP: COCOA BEACH, FL. 32931	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: V. BLANKENSHIP, DENNIE STREET ADDRESS: 1114 WESTVIEW DRIVE CITY-ST-ZIP: COCOA, FL. 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: V. WALL, ROBERT JR. STREET ADDRESS: 1049 GENEVIEVE AVE. CITY-ST-ZIP: ROCKLEDGE, FL. 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: 000003237100 STREET ADDRESS: -05/03/00-01075-014 CITY-ST-ZIP: *****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date: **4-10-2000** Daytime Phone #: **321 783-1373**

CR2E034 (9/99)

SP