

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J58771

1. Entity Name

Dan's Law Care Inc.

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

05-24-2000 90182 008 \*\*\*150.00

Principal Place of Business

Mailing Address

40 Timber Trail  
Port Orange, FL  
32127

Same as  
Principal Place

2. Principal Place of Business

3. Mailing Address

40 Timber Trail  
Suite, Apt. #, etc.

40 Timber Trail  
Suite, Apt. #, etc.

City & State

City & State

Port Orange, FL

Port Orange, FL

Zip

Country

Zip

Country

32127

Volusia

32127

Volusia

4. FEI Number

59-2771859

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

Danny Philpott

Name

40 Timber Trail

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

Port Orange, FL 32127

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

7/2/2000

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 NAME ☐ Delete  
DANIEL PHILPOTT, President

STREET ADDRESS  
40 Timber Trail

CITY-ST-ZIP  
Port Orange, FL 32127

TITLE NAME ☐ Delete  
LINDA PHILPOTT V. Pres.

STREET ADDRESS  
40 Timber Trail

CITY-ST-ZIP  
Port Orange, FL 32127

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

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STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000

Date

Daytime Phone #

904-756-3681

CR2034 (9/99)