2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
04-18-2001 90213 001 ***300.00

DOCUMENT # K48729

1. Entity Name
DANJAC, INC.

Principal Place of Business	Mailing Address
% DAN ANDERSON 3960 BISCAYNE DRIVE WINTER SPRINGS FL 32708	% DAN ANDERSON 3960 BISCAYNE DRIVE WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1301 W. BROADWAY ST.	1301 W. BROADWAY ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OVIEDO, FL. 32765	City & State: OVIEDO, FL.
Zip: 32765 Country: USA	Zip: 32765 Country: USA

4. FEI Number 59-2917532 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, DAN
3960 BISCAYNE DRIVE
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name: DAN ANDERSON
Street Address (P.O. Box Number is Not Acceptable): 1301 W. BROADWAY ST.
City: OVIEDO **FL** Zip Code: 32765

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: Danny S Anderson President 4.10.01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANDERSON, DAN 3960 BISCAYNE DRIVE WINTER SPRINGS FL	☒ Delete	PRESIDENT DAN ANDERSON 1301 W. BROADWAY ST. OVIEDO, FL. 32765	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: Danny S Anderson, President 4-10-01 407-696-2378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #