2003 FOR PROFIT CORPORATION

FILED Apr 18, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** K48729 DOCUMENT # 1. Entity Name 04-18-2003 90148 002 ***150.00 DANJAC, INC. Principal Place of Business Mailing Address 1301 W BROADWAY ST 1301 W BROADWAY ST 4H . 4 H (c OVIEDO FL 32765 OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2917532 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, DAN Street Address (P.O. Box Number is Not Acceptable) 1301 W BROADWAY ST OVIEDO FL 32765 City 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. I am familiar with, and accept the obligations of registered agent. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME ANDERSON, DAN NAME STPEET ADDRESS CITY-ST-ZIP 1301 W BROADWAY ST STREET ADDRESS OVIEDO FL 32765 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME.~ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Channe ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP

12. Thereby 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 of trustee empowered to execute this report as required by Chapter 607, Florida Sample; and that make the same appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Sample; and the properties of the corporation of the receiver of trustee empowered to execute this report is a required by Chapter 607, Florida Sample; and the properties of the corporation of the receiver of trustee empowered to execute this report is a required by Chapter 607, Florida Sample; and the properties of the corporation of the receiver of trustee empowered to execute this required by Chapter 607, Florida Sample; and the properties of the corporation of the receiver of trustee empowered to execute this required by Chapter 607, Florida Sample; and the properties of the corporation of the receiver of trustee empowered to execute this required by Chapter 607, Florida Sample; and the properties of the corporation of the receiver of trustee empowered to execute the receiver of the receiver Saples; and that any same appears in Block 10 or Block 11 if changed, or on an attachment

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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Auto Mech & Muille. 1301 W. Broadway St. Oviedo. Ft 32705

Change

Addition