## 2002 Uniform Business Report (UBR)

## Apr 01, 2002 8:00 am Secretary of State K92691 DOCUMENT # 1. Entity Name 04-01-2002 90045 029 \*\*\*150.00 DANKER CONSTRUCTION CORPORATION Principal Place of Business Mailing Address 5631 SOUTHWEST 163 AVENUE 5631 SOUTHWEST 163 AVENUE C/O KENNETH J. DANKER C/O KENNETH J. DANKER FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 33331 Principal Place of Business Mailing Address 10 BOX Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEt Number Applied For 65-0123850 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANKER, KENNETH J. Street Address (P.O. Box Number is Not Acceptable) 5631 SW 163 AVENUE FT. LAUDERDALE FL 33331 1251 COWART RO City PIEKSON his this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. KENNETHJOANKER (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS ☐ Addition CR2E034 (9/01) TITLE TITLE ☐ Delete KENNETHJDANKER DANKER, KENNETH J. NAME NAME 5631 SW 163 AVENUE 1251 COWART RA STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR