

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004118

1. Entity Name
DANIC CONSULTING LLC

Principal Place of Business
4840 14TH AVE. EAST
BRADENTON FL 34208

Mailing Address
4840 14TH AVE. EAST
BRADENTON FL 34208

2. Principal Place of Business

10901 Brighton Bay Blvd
Suite, Apt. #, etc.
7109

City & State
St. Petersburg, FL
Zip
33716
Country
USA

3. Mailing Address

10901 Brighton Bay Blvd
Suite, Apt. #, etc.
7109

City & State
St. Petersburg, FL
Zip
33716
Country
USA

4. FEI Number

65 1000 680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERS, DAN
4840 14TH AVE. EAST
BRADENTON FL 34208

7. Name and Address of New Registered Agent

Name
Dan Peters

Street Address (P.O. Box Number is Not Acceptable)
10901 Brighton Bay Blvd

~~St. Petersburg~~ # 7109

City
St. Petersburg FL Zip Code
33716

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900004138329--1
-05/07/01--01041--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dan Peters 10901 Brighton Bay Blvd # 7109 St. Petersburg, FL 33716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Nicole Peters 10901 Brighton Bay Blvd # 7109 St. Petersburg, FL 33716	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/2001

Date

727 568 9289

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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