

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

0146956 AB

08-01-2003 90060 021 \*\*\*550.00

**DOCUMENT # L45497**

1. Entity Name  
**DANA UNDIES, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>709 MAGNOLIA<br/>HWY 62 EAST<br/>BLAKELY GA 31723<br/>US</b> | Mailing Address<br><b>709 MAGNOLIA<br/>HWY 62 EAST<br/>BLAKELY GA 31723<br/>US</b> |
|--|--|



|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

CHECK HERE IF MAKING CHANGES

|              |              |                                    |   |  |
|--------------|--------------|------------------------------------|---|--|
| City & State | City & State | 4. FEI Number<br><b>65-0169456</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|--------------|--------------|------------------------------------|---|--|

|     |         |     |         |  |                                       |
|-----|---------|-----|---------|--|---------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----|---------|-----|---------|--|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**TED KLINGHOFFER C/O STEARNS WEAVER MILLER  
150 WEST FLAGLER ST  
MIAMI FL 33130**

**7. Name and Address of New Registered Agent**

Name: **TED KLINGHOFFER % AKERMAN SENTER FITT**

Street Address (P.O. Box Number is Not Acceptable):  
**1 SOUTHEAST 3RD AVE 28TH FLOOR**

City: **MIAMI** FL Zip Code: **33131-1714**

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: *Steven Varon* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|   |                                 |
|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Delete |
| <b>P<br/>VARON, STEVE<br/>709 MAGNOLIA HWY 62 EAST<br/>BLAKELY GA</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven Varon* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/03 Date

229 723 4100 Daytime Phone #

CR2E034 (4/03)