

2001 UNIFORM BUSINESS REPORT (UBR)

0018662 AF

DOCUMENT # M00000000046

1. Entity Name
DANKA FUNDING COMPANY, LLC

FILED

2001 APR 20 AM 11:24

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
11201 DANKA CIRCLE NORTH
ST. PETERSBURG FL 33716

Mailing Address
11201 DANKA CIRCLE NORTH
ST. PETERSBURG FL 33716

2. Principal Place of Business

3. Mailing Address

11201 Danka Circle N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Corp Tax Dept

City & State

City & State

St. Petersburg, FL

Zip

Country

Zip

Country

33716

USA

4. FEI Number

22-3423999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Danka Office Imaging Company
11201 Danka Circle N.
St. Petersburg, FL 33716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800004085-01083-008
-04/27/01--01083--008
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

L. Jean Berry

4/4/01

(727) 576-6003

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

Date

Daytime Phone #

CP2E083 (11/00)