

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M12026

1. Entity Name

D AND A DANIEL, INCORPORATED

Principal Place of Business

Mailing Address

22190 S.W. 98 COURT
MIAMI FL 33190

22190 S.W. 98 COURT
MIAMI FL 33190-1524

2. Principal Place of Business

413 CARSON DRIVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GAFFNEY, SC

City & State

4. FEI Number 59-2498517

Applied For
Not Applicable

Zip
29340

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIEL, DONALD A.
22190 SW 98TH COURT
MIAMI FL 33190

Name JAMES R. PIERCE

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

48 N.E. 15 STREET

City HOMESTEAD

FL

Zip Code 33030

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

JAMES R. PIERCE, JR.

4/8/00

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DANIEL, DONALD A.
STREET ADDRESS 22190 SW 98TH COURT
CITY-ST-ZIP MIAMI FL 33190 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 413 CARSON DRIVE
CITY-ST-ZIP GAFFNEY, SC 29340

TITLE ST
NAME DANIEL, ANNA R.
STREET ADDRESS 22190 SW 98TH COURT
CITY-ST-ZIP MIAMI FL 33190 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 413 CARSON DRIVE
CITY-ST-ZIP GAFFNEY, SC 29340

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director
A DANIEL

4/4/2000 864 4899992
Date Daytime Phone #

CR2E034 (9/99)