

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90121 040 ****50.00

0044687

DOCUMENT # M98000001194

1. Entity Name

DANDAR INVESTMENT COMPANY-FLORIDA, LLC

Principal Place of Business

**LOT 1, CURRY FORD COMM
 SUB DIVISION
 DUBLIN OH 43017**

Mailing Address

**C/O DANIEL WILKINSON
 2214 WOODFORD ROAD
 VIENNA VA 22182**

2. Principal Place of Business

3. Mailing Address

15405 OLD Dory Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, VA

Zip

Country

Zip

20176

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **31-1621023**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T 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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 DANIEL R. WILKINSON
 2214 WOODFORD DRIVE
 VIENNA VA 22182** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**President/CEO
 Daniel R. Wilkinson
 15405 OLD Dory Lane
 Leesburg, VA 20176** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 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:

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

Date

Daytime Phone #

2-14-02 703-201-9144

CR2E083 (9/01)