

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 17, 2003 8:00 am
Secretary of State

03-28-2003 90080 036 ***150.00

DOCUMENT # P00000016169			
1. Entity Name DAN-O USA CORP.			
Principal Place of Business 471 N PINE ISLAND ROAD SUITE 402 PLANTATION FL 33324		Mailing Address 471 N PINE ISLAND ROAD SUITE 402 PLANTATION FL 33324	
<i>NEW</i>			
2. Principal Place of Business 4001 N. FALLS CIRCLE DR.		3. Mailing Address SAME	
Suite, Apt. #, etc. APT. 205 PHASE 10		Suite, Apt. #, etc.	
City & State LAND O' LAKE, FLA.		City & State	
Zip 33319	Country USA	Zip	Country
6. Name and Address of Current Registered Agent LEDUC, REJEAN 1001 NORTH FEDERAL HIGHWAY SUITE 205 HALLANDALE FL 33009		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS KEABLE, CLAUDE 108 PLACE FONTAINEBLEAU, ST-LAMBERT QUEBEC CANADA J4S 1X6	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS 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 697, 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: <i>Claude Keable</i>		Date <i>23/3/03</i> Daytime Phone #	

CR2E034 (10/02)

Attachment



Department of the Treasury
Internal Revenue Service

ATLANTA, GA 39901

88026744
P00000016169

In reply refer to: 0716930775
May 03, 2001 LTR 147C
65-0985622 000000 00

00990

DAN-O USA CORP
4711 N PINE ISLAND RD STE 402 D
PLANTATION FL 33324-1838429

NEW ADDRESS: 60611 N. FALLS CIRCLE DR.
APT. 205 BLD-10
LAUDERHILL - FL. 33319

~~Employer Identification Number: 65-0985622~~

IRS Control Number:

Dear Taxpayer:

Your employer identification number (EIN) is 65-0985622. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () 954-480-7502 Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Carolyn Chapman

Carolyn Chapman
Chief, Accounts Management Br. II

Enclosure(s):
Copy of this letter