

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90258 006 ***150.00

DOCUMENT # P00000021810

1. Entity Name
DANIEL PARK, INC.



Principal Place of Business
**2655 GULFSTREAM LANE
FT. LAUDERDALE FL 33312**

Mailing Address
**2655 GULFSTREAM LANE
FT. LAUDERDALE FL 33312**

2. Principal Place of Business
1800 SW 67 TERR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
PLANTATION, FL

City & State

4. FEI Number **33-1000025**

Applied For
Not Applicable

Zip **33317** 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

**PARKINSON, PAUL
2655 GULFSTREAM LANE
FT. LAUDERDALE FL 33312**

Name **(SAME) PAUL PARKINSON**
Street Address (P.O. Box Number is Not Acceptable)
1800 S.W 67 TERR
City **PLANTATION** FL Zip Code **33317**

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. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PARKINSON, PAUL**
STREET ADDRESS **2655 GULFSTREAM LANE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1800 S.W 67 TERR**
CITY-ST-ZIP **PLANTATION, FL 33317**

TITLE **VP** ☐ Delete
NAME **DANIEL, PETER**
STREET ADDRESS **2655 GULFSTREAM LANE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1800 S.W 67 TERR**
CITY-ST-ZIP **PLANTATION, FL 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **SIGNATURE REQUIRED PAUL PARKINSON 4/26/03 (305)892-7037**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)