

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90277 029 ***150.00

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 AV

DOCUMENT # P00000031435

1. Entity Name
DANSAR BUILDERS, INC.

Principal Place of Business
1038 SW MACAO AVE
PORT ST LUCIE FL 34953

Mailing Address
1038 SW MACAO AVE
PORT ST LUCIE FL 34953

2. Principal Place of Business

167 SW HAWTHORNE CIRCLE

3. Mailing Address

167 SW HAWTHORNE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie FL

City & State

Port St. Lucie, FL

Zip

34953

Country

Zip

34953

Country

4. FEI Number

65-0992123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEE, DANIEL
1038 SW MACAO AVE
PORT ST LUCIE FL 34953

7. Name and Address of New Registered Agent

Name
DANIEL R. LEE

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

167 SW HAWTHORNE CIRCLE

City
Port St. Lucie

FL

Zip Code

34953

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

DANIEL R. LEE president

2/25/02

(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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	LEE, DANIEL	
STREET ADDRESS	1038 SW MACAO AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEE, SARAH	
STREET ADDRESS	1038 SW MACAO AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	T	<input type="checkbox"/> Delete
NAME	CEPERO, JOSE R	
STREET ADDRESS	1038 SW MACAO AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL R. LEE	
STREET ADDRESS	167 SW HAWTHORNE CIRCLE	
CITY-ST-ZIP	Port St. Lucie, FL 34953	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARAH G. LEE	
STREET ADDRESS	167 SW HAWTHORNE CIRCLE	
CITY-ST-ZIP	Port St. Lucie, FL 34953	
TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose R. Cepero	
STREET ADDRESS	167 SW HAWTHORNE CIRCLE	
CITY-ST-ZIP	Port St. Lucie, FL 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] **DANIEL R. LEE**

2/25/02

361-370-0512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)