

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90102 017 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P000000043880 ✓

1. Entity Name

Darrell Daniels Interior & Exterior Trim, Inc.

100400

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

181 State Rd 20
Suite, Apt. #, etc.

3. Mailing Address

181 State Rd 20
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palatka FL

City & State
Palatka FL

4. FEI Number
59-3641488

Applied For
☐ Not Applicable

Zip
32177 Country
USA

Zip
32177 Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Daniels, Lynda
Street Address (P.O. Box Number is Not Acceptable)

181 State Rd 20

City
Palatka FL Zip Code
32177

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, types 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Darrell Daniels
181 State Road 20
Palatka FL 32177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
Lynda Daniels
181 State Rd 20
Palatka FL 32177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynda M. Daniels

4/1/02 386-328-2549

Date

Daytime Phone #

CR2E034B (12/01)