## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P00000045579

1. Entity Name

JOHN E. DANNEL P.A.

	No. of the last of						
Principal Place of Business 160 N WESTMONTE DR SUITE 1000 ALTAMONTE SPRINGS FL 32714	Mailing Address 160 N WESTMONTE DR SUITE 1000 ALTAMONTE SPRINGS FL 32714						
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						

## **FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90021 004 \*\*\*150.00

Principal Place of Business 160 N WESTMONTE DR SUITE 1000 ALTAMONTE SPRINGS FL 32714			160 N SUITE	Mailing Address 160 N WESTMONTE DR SUITE 1000 ALTAMONTE SPRINGS FL 32714								
2. Principal Place of Business			3. Mail	3. Mailing Address					<b>75</b> [1] <b>7</b> [1] <b>7</b> [1]	, ana, ann		
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	4. FEI Number Applied Not App				
Zip	Country			Zip Count			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							
				<del></del>		Name						
DANNEL, JOHN E 160 N WESTMONTE DR					Street Address (P.O. Box Number is Not Acceptable)							
		DR								·		
SUITE 1000 ALTAMONTE SPRINGS FL 32714					City			FL	Zip Cod	e		
the obligati	ons of regist	y submits this statement ered agent.  or printed name of registered age				ed office or re		agent, or both, in the State of	Florida. I am fa	miliar with,	and accept	
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 Trust Fund Contribu	ition.	Adde	00 May Be		
10.		OFFICERS AN	D DIRECTO	DRS	11.			ADDITIONS/CHANGES TO C				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		John e Estmonte dr Ite springs fl 327	14	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	_					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I				☐ Change	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 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:

REQUANTOE DANNEL