FILED

407-316-0251

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2001 8:00 am Secretary of State DOCUMENT # P0000047426 DANAHER ENTERPRISES, INC. Mailing Address Principal Place of Business 524 WHISPERWOOD DRIVE 30 EAST LIVINGSTON STREET LONGWOOD FL 32779 UUUU3732 ORLANDO FL 32801 3. Mailing Address 2. Principal Place of Business P.O. Box 916555 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 365 1949 City & State City & State Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 32791-6555 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEVEN E DANAHER SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 30 East Lingston S 343 ALMERIA AVENUE **CORAL GABLES FL 33134** CityORLando 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change PTD ☐ Delete TITLE NAME DANAHER, STEVEN E NAME STREET ADDRESS 30 EAST LIVINGSTON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Addition ☐ Change TITLE TITI F ☐ Delete NAME DANAHER, DEBORAH G STREET ADDRESS STREET ADDRESS 30 EAST LIVINGSTON STREET CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR