

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90286 027 ***150.00

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DOCUMENT # P00000050429

1. Entity Name
DARDENNE, INC.



Principal Place of Business
**4 REYES ROAD
DELAND FL 32724**

Mailing Address
**4 REYES ROAD
DELAND FL 32724**



2. Principal Place of Business
1506 W. SILVER HAMMOCK
Suite, Apt. #, etc.

3. Mailing Address
1506 W. SILVER HAMMOCK
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DELAND FL

City & State
DELAND FLORIDA

4. FEI Number
59-3651324

Applied For
☐ Not Applicable

Zip
32720

Country
VOLUSIA

Zip
32720

Country
VOLUSIA

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

6. Name and Address of Current Registered Agent

**DARDENNE, BUZZY G
4 REYES ROAD
DELAND FL 32724**

7. Name and Address of New Registered Agent

Name **DARDENNE, BUZZY G.**
Street Address (P.O. Box Number is Not Acceptable)
1506 W. SILVER HAMMOCK
City **DELAND** FL Zip Code **32720**

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 NAME STREET ADDRESS CITY-ST-ZIP	D DARDENNE, BUZZY G 4 REYES ROAD DELAND FL 32724 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARDENNE, SHEILA A 4 REYES ROAD DELAND FL 32724 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARDENNE, BUZZY G 1506 W. SILVER HAMMOCK DELAND, FL, 32720 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARDENNE, SHEILA A. 1506 W. SILVER HAMMOCK DELAND, FL, 32720 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Buzzy G Dardenne **SIGNATURE REQUIRED** **Buzzy G DARDENNE** **4-22-03** **386 736 3258**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)