

# 2002 UNIFORM BUSINESS REPORT (UBR)

7/15

**FILED**  
**Aug 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90191 036 \*\*\*558.75

**DOCUMENT # P00000084670**

1. Entity Name

**DANIELS EXPRESS TRUCKING INC.**

Principal Place of Business

1555 E POWDER HORN ROAD  
 TITUSVILLE FL 32796

Mailing Address

P O BOX 6564  
 TITUSVILLE FL 32782-6564

2. Principal Place of Business

397 Kingwood Road  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 61874  
 Suite, Apt. #, etc.

City & State

King of Prussia, PA

City & State

King of Prussia, PA

4. FEI Number

59-3696191

Applied For

Not Applicable

Zip

19406

Country

USA

Zip

19406

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VENUE, LOUIS  
 431-B HARRISON STREET  
 TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name: Florence Beals  
 Street Address (P.O. Box Number is Not Acceptable): 3745 Prescott Street  
 City: Titusville FL Zip Code: 32796

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

*Florence Beals*

Signature, typed 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) ☐

**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	D	<input type="checkbox"/> Delete
NAME	DANIELS, MICHAEL A	
STREET ADDRESS	1555 E POWDER HORN ROAD	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DANIELS, ROSEANN	
STREET ADDRESS	1555 E POWDER HORN ROAD	
CITY-ST-ZIP	TITUSVILLE FL 32796	
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	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Danrels, Michael A.	
STREET ADDRESS	397 Kingwood Road	
CITY-ST-ZIP	King of Prussia, PA 19406	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Danrels, Roseann	
STREET ADDRESS	397 Kingwood Road	
CITY-ST-ZIP	King of Prussia, PA 19406	
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: *Roseann Daniels*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-5-2

Daytime Phone #

800-992-6166

CR2E034 (9/01)