

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000085085**1. Entity Name
DANIELS MARKETING CORP. IIPrincipal Place of Business
1483 SW TROON CIRCLE
PAL CITY FL 34990Mailing Address
1483 SW TROON CIRCLE
PAL CITY FL 349902. Principal Place of Business
1483 SW TROON CIRCLE3. Mailing Address
1483 SW TROON CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM CITY FLCity & State
PALM CITY FL4. FEI Number
36-4375126
Applied For
Not ApplicableZip Country
34990Zip Country
349905. 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****DANIELS JAMES C**
1483 SW TROON CIRCLE**PAL CITY FL**
34990Name
DANIELS JAMES C
Street Address (P.O. Box Number is Not Acceptable)
1483 SW TROON CIRCLECity **FL** Zip Code
PALM CITY 34990

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 _____ **04/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE SD ☐ Delete
NAME CALABRESE JAMES A
STREET ADDRESS 1483 SW TROON CIRCLE
CITY-ST-ZIP PAL CITY FL 34990TITLE SD ☒ Change ☐ Addition
NAME CALABRESE JAMES A
STREET ADDRESS 1278 N. WELLINGTON DR.
CITY-ST-ZIP PALATINE IL 60067TITLE VD ☐ Delete
NAME DANIELS THOMAS E
STREET ADDRESS 1483 SW TROON CIRCLE
CITY-ST-ZIP PAL CITY FL 34990TITLE VD ☒ Change ☐ Addition
NAME DANIELS THOMAS E
STREET ADDRESS 11407 A DOUGLAS AVE.
CITY-ST-ZIP HUNTLEY IL 60142TITLE TD ☐ Delete
NAME DANIELS SUSAN J
STREET ADDRESS 1483 SW TROON CIRCLE
CITY-ST-ZIP PAL CITY FL 34990TITLE TD ☒ Change ☐ Addition
NAME DANIELS SUSAN J
STREET ADDRESS 1483 SW TROON CIRCLE
CITY-ST-ZIP PALM CITY FL 34990TITLE PD ☐ Delete
NAME DANIELS JAMES C
STREET ADDRESS 1483 SW TROON CIRCLE
CITY-ST-ZIP PAL CITY FL 34990TITLE PD ☒ Change ☐ Addition
NAME DANIELS JAMES C
STREET ADDRESS 1483 SW TROON CIRCLE
CITY-ST-ZIP PALM CITY FL 34990TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: JAMES C. DANIELS**PRES 04/24/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)