

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90122 006 ***158.75

037504

DOCUMENT # P00000100258

1. Entity Name
DAN-DEE, CORP.

Principal Place of Business
8496 HOLLYHOCK AVE.
LARGO FL 33777

Mailing Address
8496 HOLLYHOCK AVE.
LARGO FL 33777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8496 HOLLYHOCK AVE.
 Suite, Apt. #, etc.
N/A

3. Mailing Address
8496 HOLLYHOCK AVE.
 Suite, Apt. #, etc.
N/A

City & State
LARGO, FL.

City & State
LARGO, FL.

4. FEI Number
59-3679022

Applied For
 Not Applicable

Zip
33777

Country
PINELLAS

Zip
33777

Country
PINELLAS

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

KING, ELENA DEE
8496 HOLLYHOCK AVE.
LARGO FL 33777

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **D KING, ELENA DEE** ☐ Delete
 STREET ADDRESS **8496 HOLLYHOCK AVE.**
 CITY-ST-ZIP **LARGO FL 33777**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D KING, DANNY LOREN** ☐ Delete
 STREET ADDRESS **8496 HOLLYHOCK AVE.**
 CITY-ST-ZIP **LARGO FL 33777**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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: **ELENA D. KING Elena D. King 04-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)