## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 04, 2002 8:00 am P00000115556 Secretary of State DOCUMENT # 1. Entity Name 02-04-2002 90249 028 \*\*\*150 00 DANNY'S REPAIR SERVICE, INC. Principal Place of Business Mailing Address 3504 COUNTY RD 675 3504 COUNTY RD 675 **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAAS, SCOTT A Street Address (P.O. Box Number is Not Acceptable) 240 S PINEAPPLE AVE, 10TH FLOOR SARASOTA FL 34236 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. (9/01) TITLE Addition TITLE ☐ Delete TAYLOR, DANNY D NAME NAME 3504 COUNTY RD 675 CR2E034 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** CITY-ST-ZIP CITY-ST-ZIP Bradenton FL 34211 ☐ Addition TITLE ☐ Delete TITLE TAYLOR, LISA M NAME NAME 3504 COUNTY RD 675 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** CITY-ST-ZIP CITY - ST- 7IP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME 1603 41st AVEE STREET ADDRESS STREET ADDRESS Bradenton FC 34208 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE:

FILED

Daytime Phone #