

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90052 025 ***150.00

DOCUMENT # **P01000027419**

1. Entity Name
DAN MANAGEMENT, INC.



Principal Place of Business
**13355 BELCHER ROAD S
SUITE D
LARGO FL 33773**

Mailing Address
**13355 BELCHER ROAD S
SUITE D
LARGO FL 33773**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3709808**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**NOREN, DENNIS A
13355 BELCHER ROAD S
SUITE D
LARGO FL 33773**

Name **~~DENNIS A. NOREN~~**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	Delete
	0			<input checked="" type="checkbox"/>
	NOREN, DENNIS A	4500 EAST BAY DRIVE, #B-117	CLEARWATER FL 33764	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	OWNER			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	NOREN, DENNIS A.	9069 DREAM WAY	LARGO, FL. 33773	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9-8-03** Daytime Phone # **(727) 460-0911**

CR2E034 (4/03)

Attachment

80146776
#A01000027419

9-8-03

To: Florida Dept. of State

Fm: DAN MANAGEMENT, INC.

Please accept this letter as notification that DAN MANAGEMENT HAS NOT RECEIVED THIS NOTICE DURING THE TIME FRAME OF JAN. 2003 TO JULY 2003. IN ADDITION, BECAUSE OF A CHANGE OF ADDRESS IT WAS PROBABLY DELAYED ANOTHER FEW WEEKS, NOTIFICATION WAS BROUGHT TO MY ATTENTION ON APPROX. AUG 25, 2003. I HEREBY ASK THAT THE ADDITIONAL \$400.⁰⁰ BE WAIVED AND THAT OUR NEW ADDRESS BE LISTED ON YOUR RECORDS TO AVOID FUTURE DELAYS. THANK YOU FOR YOUR CONSIDERATION.

DAN MANAGEMENT, INC.

DENNIS A. NOREN, OWNER.

D. A. Noren