

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-01-2002 91603 047 ***150.00

DOCUMENT # P01000054371

1. Entity Name

DAAN IMPORTS AND EXPORTS, INC.

Principal Place of Business

**4570 ST JOHNS AVENUE, STE 2
 JACKSONVILLE FL 32210**

Mailing Address

**4570 ST JOHNS AVENUE, STE 2
 JACKSONVILLE FL 32210**

2. Principal Place of Business

1723 BLANDING BLVD

Suite, Apt. #, etc.

SUITE 106

City & State

JACKSONVILLE, FL.

Zip

32210

Country

U.S.A.

3. Mailing Address

1723 BLANDING BLVD

Suite, Apt. #, etc.

SUITE 106

City & State

JACKSONVILLE, FL.

Zip

32210

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3714957

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

AGASHI, K. C

4570 ST JOHNS AVENUE, STE 2

JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

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, 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** ☐ Delete
 NAME **DAKA, DEDRIX**
 STREET ADDRESS **3734 ALDINGTON DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ Delete
 NAME **AGASHI, K C**
 STREET ADDRESS **5959 YOUNGMAN CIR**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **D** ☐ Delete
 NAME **ACHOLONU, FELIX**
 STREET ADDRESS **1820 BARRS ST, STE 415**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **D** ☐ Delete
 NAME **NARAN, DILIP**
 STREET ADDRESS **3303 GEORGE TOWN PL**
 CITY-ST-ZIP **MARIETTA GA 30066**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/02

Date

Daytime Phone #

CR2E034 (9/01)