2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State
03-20-2003 90115 031 ***150.00

DOCUMENT # P01000077576

1. Entity Name
DANIEL KAMMERER, INC.

Principal Place of Business	Mailing Address
1820 SW 14 COURT FT LAUDERDALE FL 33312	1820 SW 14 COURT FT LAUDERDALE FL 33312

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2405 S. INDIAN RIVER DR.		2405 S. INDIAN RIVER DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FORT PIERCE, FL		City & State: FORT PIERCE, FL	
Zip: 34950	Country: ST. LUCIE	Zip: 34950	Country: ST. LUCIE

4. FEI Number 65-1104661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAMMERER, DANIEL
1820 SW 14 COURT
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name: DANIEL KAMMERER
Street Address (P.O. Box Number is Not Acceptable): 2405 S. INDIAN RIVER DR.
City: FORT PIERCE FL Zip Code: 34950

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 DANIEL KAMMERER OWNER 3.12.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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

TITLE	D	☐ Delete
NAME	KAMMERER, DANIEL	
STREET ADDRESS	1820 SW 14 COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	☐ Delete
NAME	KAMMERER, GENENE	
STREET ADDRESS	1820 SW 14 COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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
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STREET ADDRESS			
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CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (10/02)

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 OWNER 3.12.03 954-605-7827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #