

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90171 038 ***150.00

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|--|---------------------------------|--|--|---|--|
| DOCUMENT # P02000070650 | | | | | |
| 1. Entity Name DANMONTE, INC. | | | | | |
| Principal Place of Business 1314 OLIVER TREE CIRCLE WEST PALM BEACH, FL 33413 | | | Mailing Address 1314 OLIVER TREE CIRCLE WEST PALM BEACH, FL 33413 | | |
| 2. Principal Place of Business 5823 Lake Worth Rd. Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Green Acres, FL Zip 33403 | | City & State Zip | | 4. FEI Number 41-2048720 | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SAUCER, DANIEL C 1314 OLIVER TREE CIRCLE WEST PALM BEACH, FL 33413 | | | | 7. Name and Address of New Registered Agent Name: Monte Johnson Street Address (P.O. Box Number, is Not Acceptable): 5823 Lake Worth Rd. City: Green Acres FL Zip Code: 33403 | |
| 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: <i>Monte Johnson</i> Monte Johnson 20, May, 2003 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when submitting)</small> | | | | | |
| 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. <input type="checkbox"/> \$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 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
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| 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 <i>Monte Johnson</i> Monte Johnson, Dir. 20 May, 2003 319-415-2816 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small> | | | | | |

CR2E034 (10/02)