FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
9/18/2003-90032-002-$150.00-$150.00
03 OCT 21 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000108881

1. Entity Name
DANSBY, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
210 SARTO AVENUE Suite, Apt. #, etc.	210 SARTO AVENUE Suite, Apt. #, etc.
City & State CORAL GABLES FL	City & State CORAL GABLES FL
Zip / Country 33134	Zip / Country 33134

4. FEI Number — [X] Applied For [ ] Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
STUART W. DANSBY

Street Address (P.O. Box Number is Not Acceptable)
210 SARTO AVE.

City: CORAL GABLES FL Zip Code: 33134

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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/P	TITLE	400032305517274
NAME	STUART W. DANSBY	NAME	10/21/03--01034--011 **400.00
STREET ADDRESS	210 SARTO AVE.	STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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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 an attachment with an address, with all other like empowered.

SIGNATURE: _____ STUART W. DANSBY PRES _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF FL32381F.1