

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90102 001 ***150.00

DOCUMENT # P39075

1. Entity Name
DANIEL COMMUNICATIONS, INC.

Principal Place of Business

**26450 POLLARD RD.
 DAPHNEAL AL 36526**

Mailing Address

**PO BOX 1877
 DAPHNEAL AL 36526**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-0957776

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 32334**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GRANT, DANNY	
STREET ADDRESS	93 CAISSON TRACE	
CITY-ST-ZIP	SPANISH FORT AL 36527	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	LLOYD MARK	
STREET ADDRESS	3170 REPS MILLER RD, STE 190	
CITY-ST-ZIP	NORCROSS, GA 30071	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	SMALL, ALLAN	
STREET ADDRESS	3170 REPS MILLER RD, STE 190	
CITY-ST-ZIP	NORCROSS, GA 30071	
TITLE	VP, SECRETARY TREASURER	<input type="checkbox"/> Delete
NAME	SCHILLING, RAYMOND	
STREET ADDRESS	P.O. BOX 273478	
CITY-ST-ZIP	TAMPA, FL 33688-3478	
TITLE	ASST. SEC.	<input type="checkbox"/> Delete
NAME	JOHNSON, TODD S	
STREET ADDRESS	P.O. BOX 273478	
CITY-ST-ZIP	TAMPA, FL 33688-3478	
TITLE	CHAIRMAN	<input type="checkbox"/> Delete
NAME	JOHNSON, THOMAS S.	
STREET ADDRESS	P.O. BOX 273478	
CITY-ST-ZIP	TAMPA, FL 33688-3478	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/02 7704494088

CR2E034 (9/01)