

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014186

1. Entity Name
R & S DANIEL, INC.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90543 028 ***150.00

814773



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4626 S CLYDE MORRIS
SUITE 1
PORT ORANGE FL 32119
US

Mailing Address
1821 RENDY ROAD
NEW SMYRNA BEACH FL 32168
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3181483

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DANIEL, ROBERT G
1821 RENDY ROAD
NEW SMYRNA BEACH FL 32168

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, 2001 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 PD
NAME DANIEL, ROBERT G
STREET ADDRESS 1821 RENDY ROAD
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DANIEL, SHANNON L
STREET ADDRESS 1821 RENDY ROAD
CITY-ST-ZIP NEW SMYRNA BEACH FL

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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: *Shannon L Daniel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01
Date

386-428-8754
Daytime Phone #

CR2E034 (10/00)