

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9300000 2668

1. Entity Name

Dancor Contracting, Inc.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90020 029 ***150.00

Principal Place of Business

Mailing Address

131 W. Broadway St
Suite C
Oviedo, FL 32765

819971

2. Principal Place of Business

see above
Suite, Apt. #, etc.

3. Mailing Address

131 W. Broadway St

Suite, Apt. #, etc.

Suite C

City & State

City & State

Oviedo, FL

4. FEI Number

59-3158704

Applied For

Not Applicable

Zip

Country

Zip

Country

32765

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

James M. Daniel, Jr
2736 Running Springs Loop
Oviedo, FL 32765

7. Name and Address of New Registered Agent

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.

Changing Address for Corp/Some registered agent

SIGNATURE: *James M. Daniel, Jr.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb 29, 2000
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, 2000 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

TITLE	President	<input type="checkbox"/> Delete
NAME	James M. Daniel, Jr.	
STREET ADDRESS	2736 Running Springs Loop	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	James M. Daniel, Sr.	
STREET ADDRESS	622 Kelly Green St	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	Sec/Treas	<input type="checkbox"/> Delete
NAME	Jacqueline O. Daniel	
STREET ADDRESS	622 Kelly Green St	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(j), 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:

Jacqueline O. Daniel
Signature and typed or printed name of signing officer or director

Feb 29, 2000
Date

407-971-0500
Daytime Phone #

CR2E034 (9/99)