

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90026 032 ***150.00

1. Entity Name
DANCOR CONTRACTING, INC.

03-01-2001 90026 032 ***150.00

Principal Place of Business 3001 ALOMA AVE. SUITE 205 WINTER PARK FL 32792 US		Mailing Address 3001 ALOMA AVE. SUITE 205 WINTER PARK FL 32792 US	
2. Principal Place of Business 131 W. Broadway St Suite, Apt. #, etc. Ste C City & State Oviedo, FL Zip 32765		3. Mailing Address 131 W. Broadway St Suite, Apt. #, etc. Ste C City & State Oviedo, FL Zip 32765	
Country Seminole		Country Seminole	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DANIEL, JAMES M JR 822 KELLY GREEN ST OVIEDO FL 32765		Name Address (P.O. Box Number is Not Acceptable)	
2736 Running Springs Loop Oviedo, FL 32765			
		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 James M. Daniel, Jr James M. Daniel Jr 2/22/0
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
--	--	--	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DANIEL, JAMES M JR 622 KELLY GREEN ST 2736 Running Springs Loop OVIEDO FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Daniel, James M. JR 2736 Running Springs Loop Oviedo, FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DANIEL, JAMES M SR 622 KELLY GREEN ST OVIEDO FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DANIEL, JACQUELINE O 622 KELLY GREEN ST OVIEDO FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jacqueline O. Daniel Jacqueline O. Daniel 2/22/01 407-971-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SecK Bras Date Daytime Phone #

0825034 (10/00)