

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90004 045 \*\*\*150.00

**DOCUMENT # P93000002826**

1. Entity Name

**DANNETTE, INC.**

Principal Place of Business

Mailing Address

~~72 SOUTH ST ANDREWS DR~~  
~~ORMOND BEACH FL 32174~~  
~~US~~~~72 SOUTH ST ANDREWS DR~~  
~~ORMOND BEACH FL 32174-3843~~

2. Principal Place of Business

**2284 Oceanshore Blvd.**

3. Mailing Address

**2284 Oceanshore Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**Ormond by the Sea, FL**

City &amp; State

**Ormond by the Sea, FL**

4. FEI Number

**59-3162479**

Applied For

Not Applicable

Zip

**32176**

Country

**Volusia**

Zip

**32176**

Country

**Volusia**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

**DIAMOND, DANNETTE****72 S ST ANDREWS DRIVE****ORMOND BEACH FL 32174**

Name

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

**2284 Oceanshore Blvd.**

City

**Ormond by the Sea**

FL

Zip Code

**32176**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                      | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------------|----------------|-------------|---------------------------------|
|       | <b>PVTS</b>               |                |             |                                 |
|       | <b>DIAMOND, DANNETTE</b>  |                |             |                                 |
|       | <b>72 S ST ANDREWS DR</b> |                |             |                                 |
|       | <b>ORMOND BCH FL</b>      |                |             |                                 |
|       |                           |                |             | <input type="checkbox"/> Delete |
|       |                           |                |             | <input type="checkbox"/> Delete |
|       |                           |                |             | <input type="checkbox"/> Delete |
|       |                           |                |             | <input type="checkbox"/> Delete |
|       |                           |                |             | <input type="checkbox"/> Delete |
|       |                           |                |             | <input type="checkbox"/> Delete |

| TITLE | NAME | STREET ADDRESS               | CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|------------------------------|--------------|--|
|       |      | <b>2284 Oceanshore Blvd.</b> |              |  |
|       |      | <b>Ormond by the Sea, FL</b> | <b>32176</b> |  |
|       |      |                              |              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |      |                              |              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |      |                              |              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |      |                              |              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |      |                              |              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |      |                              |              | <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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-11-00 (904) 441-8989**

Date

Daytime Phone #

CR2E034 (9/99)