

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008979

1. Entity Name
SEC-DOR CORPORATION

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90240 004 ***150.00

Principal Place of Business

2183 MARINER BLVD.
SPRING HILL FL 34606

Mailing Address

2183 MARINER BLVD.
SPRING HILL FL 34606

2. Principal Place of Business

8339 Countyline Rd.
Suite, Apt. #, etc.

3. Mailing Address

8339 Countyline Rd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Spring Hill FL
Zip 34608 Country USA

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Spring Hill FL
Zip 34608 Country USA

4. FEI Number **59-3170115**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, DAMON
2175 MARINER BLVD.
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name **Daniels, Damon**
Street Address (P.O. Box Number is Not Acceptable)
8339 Countyline Rd.
City **Spring Hill** FL Zip Code **34608**

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]*
(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

TITLE	PT	<input type="checkbox"/> Delete
NAME	DANIELS, DAMON	
STREET ADDRESS	12041 ALTOONA AVENUE	
CITY-ST-ZIP	HUDSON FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	DANIELS, ELLAN	
STREET ADDRESS	12041 ALTOONA AVE	
CITY-ST-ZIP	HUDSON FL	
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)(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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)