2000 UNIFORM BUSINESS REPORT (UBR) FILED P94000094237 DOCUMENT # Jun 05, 2000 8:00 am 1. Entity Name **Secretary of State** DANKEN, INC. 06-05-2000 90024 010 \*\*\*158.75 Principal Place of Business Mailing Address 9235 ROE STREET 9235 ROE STREET PENSACOLA, FL. 32514 PENSACOLA. FL. N0059441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For <u>59-329595</u>1 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEMERDEN BILL V Street Address (P.O. Box Number is Not Acceptable) 9235 ROE STREET PENSACOLA, FL. 32514 City 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 <u>5</u>-22-2000 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE.IS \$150.00 -9.-This corporation is eligible to satisfy its Intangible:-10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete VICE PRESIDENT TREASURE Thange PRESIDENT TITLE TITLE NAME BALBARA VAN GEMERDEN NAME BILL VAN GEMERDEN 8826 BURNINGTREE ROAD 8826 BURNINGTAEE ROAD PENSACOLA, FL. 32514 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL. 325/4 CITY-ST-78 TITLE VICE PRESIDENT TITLE NAME NAME KEN VAN GEMERDEN STREET ADDRESS STREET ADDRESS 4409 CITADEL DRIVE PENSACOLA FL. 32514 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition VICE PRESIDENT NAME DAN VAN-GEMERDEN 31 28 BIRDSEYE CIRCLE GULF BREEZE, FL 3256 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7/E CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with his 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 reports in the 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 ampoint ecoto 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 the empowered.

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED

SIGNATURE:

5-22-2000 850-484.3225