

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90076 012 \*\*\*550.00

0069595 AV

**DOCUMENT # P94000094237**

1. Entity Name  
**DANKEN, INC.**



Principal Place of Business  
**9235 ROE STREET  
PENSACOLA FL 32514**

Mailing Address  
**9235 ROE STREET  
PENSACOLA FL 32514**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3295951**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GEMERDEN, BILL V  
9235 ROE STREET  
PENSACOLA FL 32514**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>GEMERDEN, BILL VAN</b>
STREET ADDRESS	<b>8826 BURNINGTREE ROAD</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>
TITLE	<b>VPT</b> <input type="checkbox"/> Delete
NAME	<b>GEMERDEN, KEN VAN</b>
STREET ADDRESS	<b>4409 CITADEL</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>GEMERDEN, DAN VAN</b>
STREET ADDRESS	<b>3188 BIRDSEYE CIRCLE</b>
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>
TITLE	<b>VPT</b> <input type="checkbox"/> Delete
NAME	<b>VAN GEMERDEN, BARBARA</b>
STREET ADDRESS	<b>8826 BURNINGTREE RD</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **W VAN GEMERDEN** (850) 484-3225

SIGNATURE REQUIRED \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (10/02)