

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91391 005 \*\*\*150.00

0556135 AV

**DOCUMENT # P95000015352**

1. Entity Name  
**DANSCO ENTERPRISES, INC.**



Principal Place of Business  
**5335 SOUTHERLY WAY  
SARASOTA FL 34232  
US**

Mailing Address  
**PO BOX 50156  
SARASOTA FL 34232-0301  
US**

2. Principal Place of Business  
**1777 Northgate Blvd**

3. Mailing Address  
**1777 Northgate Blvd**

Suite, Apt. #, etc.  
**Unit A-6**

Suite, Apt. #, etc.  
**Unit A-6**

City & State  
**Sarasota, FL**

City & State  
**Sarasota, FL**

Zip Country  
**34234**

Zip Country  
**34234**

4. FEI Number **65-0558164**

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**

**WOMELDORPH, HOWARD R.  
7648 LOCKWOOD RIDGE RD.  
SARASOTA FL 34243**

**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) 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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CALZAVARA, DANTE</b>
STREET ADDRESS	<b>5335 SOUTHERLY WAY</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 receiver 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:** *Dante Calzavara* **REQUIRED** Dante Calzavara 2/12/03  
Date Daytime Phone #

CR2E034 (10/02)