

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059218

Entity Name
DAN BROCK, INC

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90080 009 ***150.00

Principal Place of Business

3
MYERS FL 33908

Mailing Address

P.O. BOX 1367
ESTERO FL 33928-1367
US

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0683370

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROCK, DAN F
464 ST ANDREWS BLVD
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

ADDRESS	PCEP BROCK, DAN 464 ST ANDREWS BLVD NAPLES FL	<input type="checkbox"/> Delete
ST-ZIP	VPS BAYS, KATHRYN 9165 TANGELO BLVD FT MYERS FL	<input type="checkbox"/> Delete
ADDRESS	DT BROCK, DIANE 464 ST ANDREWS BLVD NAPLES FL	<input type="checkbox"/> Delete
ST-ZIP	D BROCK, DONALD 1123 N.E. 5TH AVE. CAPE CORAL FL 33909	<input checked="" type="checkbox"/> Delete
ADDRESS		<input type="checkbox"/> Delete
ST-ZIP		<input type="checkbox"/> Delete

12.

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		

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

Date

Daytime Phone #

DAN F. Brock 4/10/2000 (941) 590-0955

CR2E034 (9/99)