

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000059218

FILED  
Apr 03, 2002 8:00 AM  
Secretary of State

Entity Name: DAN BROCK, INC

## Current Principal Place of Business:

5645  
SUITE 3  
FT MYERS, FL 33908 US

## Current Mailing Address:

P.O. BOX 1367  
ESTERO, FL 33928 US

## New Principal Place of Business:

5645 YOUNGQUIST ROAD  
SUITE 3  
FT MYERS, FL 33908 US

## New Mailing Address:

FEI Number: 65-0683370      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BROCK, DAN F  
464 ST ANDREWS BLVD  
NAPLES, FL 34113 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEP ( ) Delete  
Name: BROCK, DAN  
Address: 464 ST ANDREWS BLVD  
City-St-Zip: NAPLES, FL 34113

Title: VPS ( ) Delete  
Name: BAYS, KATHRYN  
Address: 9165 TANGELO BLVD  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: FOLEY, EUGENE E  
Address: 4521 SW 42ND TERRACE  
City-St-Zip: FT. LAUDERDALE, FL 33314

Title: TD ( ) Delete  
Name: BROCK, DIANE E  
Address: 464 ST. ANDREWS BLVD  
City-St-Zip: NAPLES, FL 34113

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN S. BAYS

VPS

04/03/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date