

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90288 001 \*\*\*\*\*8.75  
01-27-2003 90288 002 \*\*\*150.00

**DOCUMENT # P96000059218**

1. Entity Name  
**DAN BROCK, INC**



Principal Place of Business  
**5645 YOUNGQUIST ROAD  
SUITE 3  
FT MYERS FL 33908  
US**

Mailing Address  
**P.O. BOX 1367  
ESTERO FL 33928  
US**

2. Principal Place of Business

**5760 Youngquist Rd  
Suite, Apt. #, etc.  
# 2**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Fort Myers, FL**

City & State

Zip  
**33912** Country  
**USA**

Zip

Country

4. FEI Number **65-0683370**

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

**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)

**5760 Youngquist Road  
Suite # 2**

City

**Fort Myers**

FL

Zip Code

**33912**

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 **Dan F Brock**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/23/2003**

**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 **PCEP** ☐ Delete  
NAME **BROCK, DAN**  
STREET ADDRESS **464 ST ANDREWS BLVD**  
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☒ Change ☐ Addition  
NAME **5760 Youngquist Road Suite 2**  
STREET ADDRESS **Fort Myers, FL 33912**  
CITY-ST-ZIP

TITLE **VPS** ☐ Delete  
NAME **BAYS, KATHRYN**  
STREET ADDRESS **9165 TANGELO BLVD**  
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☒ Change ☐ Addition  
NAME **5760 Youngquist Road Suite 2**  
STREET ADDRESS **Fort Myers, FL 33912**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **FOLEY, EUGENE E**  
STREET ADDRESS **4521 SW 42ND TERRACE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33314**

TITLE ☒ Change ☐ Addition  
NAME **5760 Youngquist Road Suite 2**  
STREET ADDRESS **Fort Myers, FL 33912**  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **BROCK, DIANE E**  
STREET ADDRESS **464 ST. ANDREWS BLVD**  
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☒ Change ☐ Addition  
NAME **5760 Youngquist Road Suite 2**  
STREET ADDRESS **Fort Myers, FL 33912**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SIGNATURE REQUIRED**  
**Vice Pres. 01/23/2003**

**(239) 590-0955**

CR2E034 (10/02)