

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085701

1. Entity Name

DAN'L WORLD, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90036 022 ***150.00

Principal Place of Business

1326 13TH STREET
COLUMBIS FL 31906

Mailing Address

3420 WOODLEY ROAD
TALLAHASSEE FL 32312

2. Principal Place of Business

3617 Hilton Ave

3. Mailing Address

3754 Loma Farm Rd

Suite, Apt. #, etc.

234

Suite, Apt. #, etc.

City & State

Columbus GA

City & State

Tallahassee FL

Zip

31904

Country

Muscogee

Zip

32308

Country

Leon

4. FEI Number

65-0703636

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREELAND, AMY

3420 WOODLEY ROAD
TALLAHASSEE FL 32312

Name

Amy L. Freeland

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

3754 Loma Farm Rd

City

Tallahassee

FL

Zip Code

32308

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FREELAND, AMY L	
STREET ADDRESS	3420 WOODLEY ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANKSTON, LADORA	
STREET ADDRESS	3420 WOODLEY RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freeland, Amy L	
STREET ADDRESS	3754 Loma Farm Rd	
CITY-ST-ZIP	Tallahassee FL 32308	
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		

13. 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 #

CR2E034 (10/00)