

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095404

1. Entity Name

THE DANIO COMPANY

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90106 011 ***150.00

Principal Place of Business

380 LAKE ONTARIO CT
#103
ALTAMONTE SPRINGS FL 32701
US

Mailing Address:

P O BOX 470857
LAKE MONROE FL 32750-6834

2. Principal Place of Business

1610 Robert Street

3. Mailing Address

1610 Robert Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

59-3415257

Applied For

Not Applicable

Zip

32750

Country

US

Zip

32750

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNIVELY, CHRISTOPHER
380 LAKE ONTARIO COURT, #103
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name

Christopher Snively

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

1610 Robert Street

City

Longwood

FL

Zip Code

32750

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

Christopher Snively

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

Christopher Snively

(NOTE: Registered Agent signature required when reinstating)

3/13/00

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, 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

11. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SNIVELY, CHRISTOPHER**
STREET ADDRESS **380 LAKE ONTARIO COURT #103**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Christopher Snively
1610 Robert Street
Longwood, FL 32750

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

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 an other like empowered.

SIGNATURE:

Christopher Snively Christopher Snively, President, 3/13/00, 407-331-4541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)