

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90126 045 ***150.00

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DOCUMENT # P96000101042

1. Entity Name

J. J. DANMAR, INC.

Principal Place of Business

Mailing Address

3254 MASTERS DRIVE
 CLEARWATER FL 34621

3254 MASTERS DRIVE
 CLEARWATER FL 34621

00044106

2. Principal Place of Business

3. Mailing Address

670 ISLAND WAY
 Suite, Apt. #, etc.
600

670 ISLAND WAY
 Suite, Apt. #, etc.
600



DO NOT WRITE IN THIS SPACE

City & State

City & State

CLEARWATER FL

CLEARWATER FL

4. FEI Number

59-3418362

Applied For

Not Applicable

Zip

Country

Zip

Country

33767

US

33767

US

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

GLEICHOWSKI, DANIEL E MR
3254 MASTERS DRIVE
CLEARWATER FL 34621

Name
DANIEL E GLEICHOWSKI
 Street Address (P.O. Box Number is Not Acceptable)
670 ISLAND WAY
600
 City
CLEARWATER FL Zip Code
33767

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 *Daniel E Gleichowski* **DANIEL E GLEICHOWSKI** 2/20/01
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	GLEICHOWSKI, DANIEL E MR	3254 MASTERS DRIVE	CLEARWATER FL 34621	<input type="checkbox"/>	<input type="checkbox"/>
VD	GLEICHOWSKI, MARGARET S MRS	3254 MASTERS DRIVE	CLEARWATER FL 34621	<input type="checkbox"/>	<input type="checkbox"/>
SD	GLEICHOWSKI, JUSTIN E MR	3254 MASTERS DRIVE	CLEARWATER FL 34621	<input type="checkbox"/>	<input type="checkbox"/>
TD	GLEICHOWSKI, JAMES H MR	3254 MASTERS DRIVE	CLEARWATER FL 34621	<input type="checkbox"/>	<input type="checkbox"/>
D	GLEICHOWSKI, RYAN D MR	3254 MASTERS DRIVE	CLEARWATER FL 34621	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 *Daniel E Gleichowski* **DANIEL E GLEICHOWSKI** 2/20/01 727-447-8702
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)