FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 07, 2003 8:00 am Secretary of State P96000101042 DOCUMENT # 04-07-2003 90219 044 \*\*\*150.00 1. Entity Name J. J. DANMAR, INC. Principal Place of Business Mailing Address 670 ISLAND WAY 670 ISLAND WAY 600 RM **CLEARWATER FL 33767 CLEARWATER FL 33767** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3418362 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .... -Name GLEICHOWSKI, DANIEL E MR Street Address (P.O. Box Number is Not Acceptable) **670 ISLAND WAY** 600 CLEARWATER FL 33767 Zip Code City 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. Signature, typed or printed partie of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PO TITLE ☐ Delete TITLE Change Addition GLEICHOWSKI, DANIEL E MR NAME NAME<sup>1</sup> DANIEL E GLEICHOWSKI 3254 MASTERS DRIVE STREET ADDRESS 670 ISLAND WAY #600 STREET ADDRESS **CLEARWATER FL 34621** CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33767 Change TITLE ☐ Delete TITLE Addition GLEICHOWSKI, MARGARET S MRS NAME NAME MARCHAET SGLEICHOWSKI 3254 MASTERS DRIVE STREET ADDRESS STREET ADDRESS 670 ISLAND WHY HGOO CITY-ST-ZIP **CLEARWATER FL 34621** CITY-ST-ZIP CLEARWATER TITLE TITLE ☐ Change ☐ Addition Delete . JUSTIN G-LEICHOWSKI GLEICHOWSKI, JUSTIN E MR NAME NAME STREET ADDRESS 3254 MASTERS DRIVE STREET ADDRESS 1436 THWAY BERRY CT **CLEARWATER FL 34621** CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL34655 TD TITLE TITLE ☐ Change ☐ Delete ☐ Addition GLEICHOWSKI, JAMES H MR NAME NAME THES GLEICHONSKI BULL PREMASSE WAY 3254 MASTERS DRIVE STREET ADDRESS STREET ADDRESS CLEARWATER FL 34621 CITY-ST-ZIP CITY-ST-ZIP PHIN HARBOY 34८83 TITLE ☐ Delete TITLE ☐ Addition RYAL GLEICHOUSKI GLEICHOWSKI, RYAN D MR NAME NAME 3640 TARRAPIN LAWE # 611 STREET ADDRESS 3254 MASTERS DRIVE STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 34621 CITY-ST-ZIP 33067 Springs TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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

SIGNATURE: \_

changed, or on an attachment with an address, with all other like empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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