

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91092 003 \*\*\*150.00

**DOCUMENT # P97000010544**



1. Entity Name  
**DANFINE, INC.**

Principal Place of Business  
**9736 AIRPORT BLVD E  
ORLANDO FL 32827**

Mailing Address  
**9736 AIRPORT BLVD E  
ORLANDO FL 32827**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3435001**

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**

**GRAY, J. CHARLES  
201 EAST PINE STREET  
SUITE 1200  
ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	NABBIE, TYRONE	
STREET ADDRESS	7862 CANYON LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCZIER, ARTHUR	
STREET ADDRESS	7862 CANYON LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JANTZEN, ROBERT	
STREET ADDRESS	3 GREENWICH OFFICE PARK	
CITY-ST-ZIP	GREENWICH CT 06831	
TITLE	STDV	<input checked="" type="checkbox"/> Delete
NAME	FENDER, GREGORY	
STREET ADDRESS	4160 GRAND CHAMP CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRENDERGAST, MAXINE	
STREET ADDRESS	9736 AIRPORT BLVD	
CITY-ST-ZIP	ORLANDO FL 32823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/24/03*

Date

Daytime Phone #

CR2E034 (10/02)