

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031785

1. Entity Name

DANNY (USA) INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90017 011 ***150.00

Principal Place of Business

Mailing Address

FRIEDRICH G. HEINDL
DEL PRADO BLVD. #100
CAPE CORAL FL 33990

C/O BEVERLY PARYS
1639 E. CAPE CORAL PKWY
CAPE CORAL FL 33904-9651

2. Principal Place of Business

46 Beverly Parys
1639 E. Cape Coral Pkwy
Suite, Apt. #, etc.
#103

3. Mailing Address

Suite, Apt. #, etc.

City & State
Cape Coral, FL
Zip
33904
Country
USA

City & State

Zip

Country

4. FEI Number 65-0742677

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARYS, BEVERLY
1639 E. CAPE CORAL PKWY
3103
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name - PARYS, BEVERLY
Street Address (P.O. Box Number is Not Acceptable)
1639-103 E. Cape Coral Pkwy
Cape Coral
City Cape Coral FL Zip Code 33904

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

(NOTE: Registered Agent signature required when reinstating)

03/07/2000
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 D
NAME WITTMAN, HERBERT
STREET ADDRESS 2301 DEL PRADO BLVD. #100
CITY-ST-ZIP CAPE CORAL FL 33990

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/2000
Date

(941) 541-0877
Daytime Phone #

CR2E034 (9/99)