

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90214 001 ***300.00

DOCUMENT # P 97000031785

1. Entity Name

DANNY (USA) INC.

Principal Place of Business

% BEVERLY PARYS
1639 E. CAPE CORAL PKWY. #103
CAPE CORAL, FL 33904
U.S.A.

Mailing Address

% BEVERLY PARYS
1639 E. CAPE CORAL PKWY. #103
CAPE CORAL, FL 33904
U.S.A.

2. Principal Place of Business

% BEVERLY PARYS
 Suite, Apt. #, etc.
1411 E. CAPE CORAL PKWY.

3. Mailing Address

% BEVERLY PARYS
 Suite, Apt. #, etc.
1411 CAPE CORAL PKWY. EAST

City & State

CAPE CORAL, FLORIDA

City & State

CAPE CORAL, FLORIDA

Zip

33904

Country

U.S.A.

Zip

33904

Country

U.S.A.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

4824

6. Name and Address of Current Registered Agent

PARYS, BEVERLY
1639 E. CAPE CORAL PKWY. #103
CAPE CORAL, FLORIDA 33904
U.S.A.

7. Name and Address of New Registered Agent

Name *PARYS, BEVERLY*
 Street Address (P.O. Box Number is Not Acceptable)
1411 EAST CAPE CORAL PKWY.
 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, typed or printed name of registered agent and title if applicable.

BEVERLY PARYS

(NOTE: Registered Agent signature required when reinstating)

04/10/01

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

TITLE *D (DIRECTOR)* ☐ Delete
 NAME *WITTMANN, HERBERT*
 STREET ADDRESS *2301 DEL PRADO BLVD. #100*
 CITY-ST-ZIP *CAPE CORAL, FL 33990*

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *D (DIRECTOR)* ☒ Change ☐ Addition
 NAME *WITTMANN, HERBERT*
 STREET ADDRESS *1411 CAPE CORAL PKWY. EAST*
 CITY-ST-ZIP *CAPE CORAL, FL. 33904*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

H. Wittmann [HERBERT WITTMANN]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/01

Date

(941) 541-0877

Daytime Phone #

CR2E034 (11/00)