

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034414

1. Entity Name

JAMES E. DARNIEDER, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90070 046 ***150.00

Principal Place of Business

401 SOUTH BRINY AVENUE
SUITE 414
POMPANO BEACH FL 33062

Mailing Address

401 SOUTH BRINY AVENUE
SUITE 414
POMPANO BEACH FL 33062-5164

2. Principal Place of Business

301 N. OCEAN BLVD

Suite, Apt. #, etc.

PH-10

3. Mailing Address

301 N. OCEAN BLVD

Suite, Apt. #, etc.

PH-10

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33062

Country

USA

Zip

33062

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0748698

Applied For

Not Applicable

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

DARNIEDER, JAMES E

401 S BRINY AVE

#414

POMPANO BEACH FL 33062

Name

DARNIEDER, JAMES E

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

301 N OCEAN BLVD

STE PH-10

City

Pompano Beach FL 33062

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

James E Darnieder James E DARNIEDER 4-2-00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD. ☐ Delete
NAME DARNIEDER, JAMES E
STREET ADDRESS 401 S BRINY AVE, STE 414
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 301 N. OCEAN BLVD, STE PH-10
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James E Darnieder
JAMES E DARNIEDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-2-00 (954) 781-5000

Daytime Phone #

CR2E034 (9/99)