

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90075 046 ***150.00

DOCUMENT # P97000076715

1. Entity Name
DANNY'S TRANSMISSIONS, INC.

Principal Place of Business

**RT 10, BOX 388A
 LAKE CITY FL 32025**

Mailing Address

**RT 10, BOX 388A
 LAKE CITY FL 32025**

2. Principal Place of Business

**Rt 12 Box 5-B
 Suite, Apt. #, etc.
 Lake City FL
 City & State**

3. Mailing Address

**Same AS 2
 Suite, Apt. #, etc.**

City & State

4. FEI Number **59-3470416**

Applied For
 Not Applicable

Zip

32025

Country **USA**

Zip

32025

Country **USA**

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

6. Name and Address of Current Registered Agent

**WILLIAMS, RUBY
 RT 12 BOX 5-B
 LAKE CITY FL 32025**

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.

SIGNATURE

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, DANNY	
STREET ADDRESS	RT 10, BOX 388A	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, RUBY	
STREET ADDRESS	RT 10 BOX 388A	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANNY'S TRANSMISSION	
STREET ADDRESS	RT 12 BOX 5-B	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANNY'S TRANSMISSION	
STREET ADDRESS	RT 12 BOX 5-B	
CITY-ST-ZIP	LAKE CITY FL 32025	
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		

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:)

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)