FILED

Jul 24, 2001 8:00 am Secretary of State

07-24-2001 90040 050 ***550.00

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2001 UNIFORM BUSINESS REPORT (UBI	3)
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DOCUMENT # **P97000104386** 1. Entity Name

I.W.S. DANIA, INC.

Principal Place of Business

603 E DANIA BCH BLVD DANIA FL 33004

US

Mailing Address

603 E DANIA BCH BLVD DANIA FL 33004

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Principal Place of Business 3. Mailing Address			- - - - - - - - - - - - - - - - - - -	IL ROIST DIOSO ITIDI ENSID KIIS INDI		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	City & State	City & State		4. FEI Number 65-0810101	Applied For Not Applicable	
Zip Country	Zip	Country		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		
GREEN, ARTHUR J 2855 UNIVERSITY DR			Name Street Address (P.O. Box Number is Not Acceptable)			
CCBAL SPRINGS FL 33065			City	F	L Zip Code	
8. The above named entity submits this statement	for the purpose of changing i	ts registere	ed office or register	red agent, or both, in the State of Florida.	, i	
SIGNATURESignature, typed or printed name of registered age	nt and title if applicable. (NC	DTE: Registere	d Agent signature required	d 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 \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE D TITLE Change ☐ Delete SKINNER, JOHN RANDALL NAME NAME STREET ADDRESS 6431 NW 65 TERR STREET ADDRESS CITY-ST-ZIP PARKLAND FL 33067 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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