FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 12, 2002 8:00 am Secretary of State **DOCUMENT #** P98000009964 1. Entity Name 03-12-2002 90278 001 \*\*\*150.00 DANSAR CONSTRUCTION CO. Principal Place of Business Mailing Address 1038 S.W. MACAO AVE. 1038 S.W. MACAO AVE. PT. ST. LUCIE FL 34953 PT. ST. LUCIE FL 34953 3. Mailing Address 2. Principal Place of Business 167 SW HAWHORNE CIR 67 SW HAWTHURNE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0804729 POLL ST Lucic Not Applicable Country \$8.75 Additional مکٽآ 5. Certificate of Status Desired ۸کی Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEE, DANIEL R Street Address (P.O. Box Number is Not Acceptable) 1038 S.W. MACAO AVE. PT. ST. LUCIE FL 34953 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 LEE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 16. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TR9F094 (0/01 TITLE ☐ Delete TITLE DANIEL R. LEE LEE, DANIEL R NAME NAME 167 Sw How THORNE CIACLE STREFT ADDRESS 1038 SW MACAO AVE STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE FL 34953 CITY-ST-ZIP St. Lucie, FL 34853 ☐ Delete Change ☐ Addition TITLE TITLE NAME LEE, SARAH G 167 SW HAWTHORNS CIRCLE 1038 SW MACAO AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PORT SAINT LUCIE FL 34953** CITY-ST-ZIP Port St. Lucie FL 34953 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐1 Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 seport 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 pushed 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.

ANIEL P. LEB 2/25/02