

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90282 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000010909**

1. Entity Name  
**DAN-SON OF S.W. FLORIDA, INC.**

Principal Place of Business

**1974 DORY COURT  
 NAPLES FL 34109**

Mailing Address

**1974 DORY COURT  
 NAPLES FL 34109**

2. Principal Place of Business

**2383 Ravenna Blvd**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**201**

Suite, Apt. #, etc.

City & State

**NAPLES, FL**

City & State

**Same**

Zip

**34119**

Country

**US**

Zip

**Same**

Country

**US**

4. FEI Number

**59-3491969**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WANDERON, THOMAS**

**9915 TAMiami TRAIL NORTH, #2  
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

**Sonja Burdick**

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

**2383 Ravenna Blvd**

**#201**

City

**Naples**

FL

Zip Code

**34119**

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

**Sonja Burdick**

**Sonja Burdick**

**4/11/02**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BURDICK, DAN W</b>	
STREET ADDRESS	<b>1974 DORY COURT</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>BURDICK, SONJA</b>	
STREET ADDRESS	<b>1974 DORY COURT</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 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		
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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**

**Sonja Burdick President 4-11-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)