FILED

## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000040370  1. Entity Name DANNY ROWELL, INC.					Mar 17, 2000 8:00 am Secretary of State 03-17-2000 90040 039 ***150.00	
Principal Plac	e of Business	Mailing Addre	ess			
5112 STERLING MANOR DRIVE TAMPA FL 33647 US  2. Principal Place of Business		5112 STERLING MANOR DRIVE TAMPA FL 33647-2008 US  3. Mailing Address				
City & State		City & State		<u> </u>	4. FEI Number 59-3510152 Applied For Not Applicable	ole
Zip	Country	Zip '	CoL	ıntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agen	t	Name	7. Name and Address of New Registered Agent	4
5112	ELL, DANNY STERLING MANOR DRIVE	; ;			ess (P.O. Box Number is Not Acceptable)	_
FAMI	PA FL 33647	 		City	FL Zip Code	_
Tax filing r	Signature, typed or printed name of registered ager bration is eligible to satisfy its Intangib equirement and elects to do so.	e F	LE NOW!!! FEI MAY 1, 2000 Fee	E IS \$150.00 e will be \$550.00 Department of Si	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	 ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROWELL, DANNY 5112 STERLING MANOR DRIVE TAMPA FL 33647	!	NA ST	ILE AME REET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	on
TITLE NAME STREET ADDRESS CITY-ST-2IP			NA ST	TLE IME REET ADDRESS TY-ST-ZIP	☐ Change ☐ Additi	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA ST	rle Me Reet Address TY-ST-Zip	☐ Change ☐ Additi	on ]
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA ST	TLE ME REET ADDRESS TY-ST-ZIP	☐ Change ☐ Additi	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA ST	ILE IME REET ADDRESS IY-ST-ZIP	☐ Change ☐ Additi	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete TIII	TLE  IME  REET ADDRESS  TY-ST-ZIP	Change Addition 1.10.07(2)(i) Florido Statutos Livethor contifu that the information	

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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR