

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90044 023 \*\*\*150.00

**DOCUMENT # P98000070648**

1. Entity Name

**DANFORD CONCRETE, INC.**

Principal Place of Business

8400 PENZANCE BOULEVARD  
FORT MYERS FL 33912

Mailing Address

8400 PENZANCE BOULEVARD  
FORT MYERS FL 33991-7622

2. Principal Place of Business

**3620 SW 2nd St.**

Suite, Apt. #, etc.

3. Mailing Address

**3620 SW 2nd St.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Cape Coral FL**

Zip  
**33991**

Country  
**U.S.**

City & State

**Cape Coral FL**

Zip  
**33991**

Country  
**U.S.**

4. FEI Number

**59-3527851**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DANFORD, TODD J**  
**8400 PENZANCE BOULEVARD**  
**FORT MYERS FL 33912**

(New Address  
only)

Name

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

**3620 SW 2nd St.**

City

**Cape Coral**

**FL**

Zip Code

**33991**

7. Name and Address of New Registered Agent

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

*Todd J. Danford*  
**Todd J. Danford, President**

**1/9/00**

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**DANFORD, TODD J**  
**8400 PENZANCE BLVD**  
**FORT MYERS FL 33912** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD**  
**DANFORD, SHERRY J**  
**8400 PENZANCE BLVD**  
**FORT MYERS FL 33912** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3620 SW 2nd St.**  
**Cape Coral FL 33991** ☒ Change ☐ Address only

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3620 SW 2nd St.**  
**Cape Coral FL 33991** ☒ Change ☐ Address only

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

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:

*Sherry J. Danford*  
**Sherry J. Danford, ST**

Date

**1/9/00**

Daytime Phone #

**941-288-8888**