

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000073812**

Entity Name

**S-DANPORT, INC.****FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90033 001 \*\*\*150.00

Principal Place of Business	Mailing Address
<b>NORTH ANDREWS AVENUE LAUDERDALE FL 33309</b>	<b>6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309-2172</b>

**813700**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
4. FEI Number	<b>65-0863382</b>	Applied For Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DUKE, BRYAN W 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<b>D STILES, TERRY W 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>VT EATON, DOUGLAS P 6400 N. ANDREWS AVE FT. LAUDERDALE FL 33309</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>VS JONES, PATRICIA 6400 N. ANDREWS AVE FT. LAUDERDALE FL 33309</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>V STINE, JAMES W 6400 N. ANDREWS AVE. FT. LAUDERDALE FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>V DUKE, BRYAN W 6400 N. ANDREWS AVE. FT. LAUDERDALE FL 33309</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>V FERRERA, ROCCO 6400 N. ANDREWS AVE. FT. LAUDERDALE FL 33309</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-16-00 (954) 776-9300**

CR2E034 (9/99)