

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 17, 2000 8:00 am  
Secretary of State  
04-17-2000 90099 031 \*\*\*150.00

DOCUMENT # P98000074965  
Entity Name  
DANA HURAK, INC.

Principal Place of Business      Mailing Address  
3142 MILDRED DRIVE      3142 MILDRED DRIVE  
PALM HARBOR FL 34684      PALM HARBOR FL 34684-1621



1. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number 59-3529827      Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DIMARCO, ROBERT F CPA  
3444 EAST LAKE RD, #412  
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (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 |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|---------------------------------|--|---|---------------------------------|-----------------------------------|
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | 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: DANA HURAK DATE: 4-10-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

813-785-0136