

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091678

1. Entity Name

DANIEL STUBBS II, INCORPORATED

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90233 028 ***150.00

Principal Place of Business

5547 N. MILITARY TRAIL. APT.2410
BOCA RATON FL 33496

Mailing Address

5547 N. MILITARY TRAIL. APT.2410
BOCA RATON FL 33496

2. Principal Place of Business

6301 N.W. 25 WAY
Suite, Apt. #, etc.

3. Mailing Address

6301 N.W. 25 WAY
Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33496

Country

USA

Zip

33496

Country

USA

4. FEI Number

65-0871957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STUBBS, DANIEL II
5547 N. MILITARY TRAIL, APT.2410
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

STUBBS, DANIEL II

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

6301 N.W. 25 WAY

City

BOCA RATON

FL

Zip Code

33496

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

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS STUBBS, DANIEL II
CITY-ST-ZIP 5547 N. MILITARY TRAIL, APT.2410
BOCA RATON FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS STUBBS, DANIEL
CITY-ST-ZIP 6301 N.W. 25 WAY
BOCA RATON, FL 33496

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 person 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 #

CR2E034 (10/00)

0331838