

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
 04-06-2001 90004 019 ***150.00

0528090

DOCUMENT # P98000094502

1. Entity Name

DANOCORP, INC.

Principal Place of Business

501 W. LEMON ST., STE. 1
 LAKE LAND FL 33801

Mailing Address

PO BOX 50
 LAKE LAND FL 33802-0050

2. Principal Place of Business

1020 West Main Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

lake land Florida

City & State

Zip

33815

Country

Polk

Country

4. FEI Number

59-3542199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, DANIEL

501 W. LEMON ST., STE. 1
 LAKE LAND FL 33801

7. Name and Address of New Registered Agent

Name

Butler Daniel

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

1020 West Main Street

City

lake land

FL

Zip Code

33815

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-4-01

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 **D** ☐ Delete
 NAME **BUTLER, DANIEL**
 STREET ADDRESS **PO BOX 50**
 CITY-ST-ZIP **LAKE LAND FL 33802-0050**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

daniel butler

4-4-01

Date

843 688-3710

Daytime Phone #

CR2E034 (10/00)