FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90432 044 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010039

1. Entity Name
DAJAN CORP

670857

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4870 S. SUNCOAST	4870 S. SUNCOAST
Suite, Apt. #, etc. BOULEVARD	Suite, Apt. #, etc. BOULEVARD
City & State HOMOSASSA FL	City & State HOMOSASSA FL
Zip 34446 Country USA	Zip 34446 Country USA

4. FEI Number 59-3556377 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name WARREN, H. DAVID
Street Address (P.O. Box Number is Not Acceptable) 4870 S. SUNCOAST BOULEVARD
City HOMOSASSA FL Zip Code 34446

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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
NAME	WARREN, H. DAVID
STREET ADDRESS	1180 N. CIRCLE DRIVE
CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE	D
NAME	WARREN, JANICE A.
STREET ADDRESS	1180 N. CIRCLE DRIVE
CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: H. David Warren 4-30-02 (352) 628-4878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #