

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90491 019 ***150.00

DOCUMENT # P99000026469

1. Entity Name

DAN ROBERT ELLIS, INC.

Principal Place of Business

~~1500 NE 191ST ST. #307~~
~~N. MIAMI BCH FL 33179~~

Mailing Address

~~1500 NE 191ST ST. #307~~
~~N. MIAMI BCH FL 33179~~

2. Principal Place of Business

7793 HIGHLAND CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

SAME AS

Suite, Apt. #, etc.

CHANGED

City & State

MARGATE, FL

City & State

Zip

33063

Country

BROWARD

Zip

Country

4. FEI Number

65-0892572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROWN ACCOUNTING, INC.

~~6091 TURTLE RUN BLVD~~ **453 LAKEVIEW DR**
~~#710~~

~~CORAL SPRINGS FL 33067~~ **33071**

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

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 **P**
STREET ADDRESS **ELLIS, DAN**
CITY-ST-ZIP **1560 NE 191ST ST. #307**
N. MIAMI BCH FL 33179

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7793 HIGHLAND CIRCLE**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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

DAN R. ELLIS

Date

03-14-01

Daytime Phone #

(305) 467-3278

CR2E034 (10/00)

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