

# 2000 UNIFORM BUSINESS REPORT (UBR)

3.

DOCUMENT # P99000032529

1. Entity Name

DANZFORCE INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90242 009 \*\*\*150.00

Principal Place of Business

Mailing Address

9444 TELFER RUN  
ORLANDO FL 32817

9444 TELFER RUN  
ORLANDO FL 32817-1748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2728 S. Chickasaw Tr  
Orlando, FL 32817

9444 Telfer Run  
Orlando, FL 32817

City & State

Orlando, FLORIDA

Zip

32829

Country

USA

City & State

Orlando, FL 32817

Zip

32817

Country

USA

4. FEI Number

393570413

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, MARY L  
9444 TELFER RUN  
ORLANDO FL 32817

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

2-18-00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
MARY LISA WATSON  
9444 TELFER RUN  
ORLANDO, FL 32817

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

2-18-00

Date

Daytime Phone #

407 234-6421

CR2E034 (9/99)