

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048681

1. Entity Name

DANN EQUIPMENT SERVICES, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90098 014 ***150.00

Principal Place of Business

13471 NW HWY 225
REDDICK FL 32686

Mailing Address

13471 NW HWY 225
REDDICK FL 32686-3520

2. Principal Place of Business

6785 W Hwy 40

Suite, Apt. #, etc.

OCALA, FL.

City & State

3. Mailing Address

6785 W. Hwy 40

Suite, Apt. #, etc.

OCALA, FL.

City & State



DO NOT WRITE IN THIS SPACE

4. FFI Number

59-3578417

Applied For

Not Applicable

Zip

34482

Country

Zip

34482

Country

5. Certificate of Status Desired

☐

\$8.75. Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEFERT, MICHAEL A
606 SE THIRD AVE
OCALA FL 34471

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME DANN, WILLIAM E
STREET ADDRESS 13471 NW HWY 225
CITY-ST-ZIP REDDICK FL 32686 ☐ Delete

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

TITLE DST
NAME DANN, ANNE
STREET ADDRESS 13471 NW HWY 225
CITY-ST-ZIP REDDICK FL 32686 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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:

WILLIAM E. DANN

3/17/00

352 861-3053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)