FILED

## 2002 Uniform Business Report (UBR)

SIGNATURE:

## Apr 10, 2002 8:00 am Secretary of State P99000052330 DOCUMENT # 1. Entity Name 04-10-2002 90457 032 \*\*\*158 75 DANTON REAL ESTATE COMPANY Principal Place of Business Mailing Address 350 SOUTH COUNTY ROAD 350 SOUTH COUNTY ROAD SUITE 201 SUITE 201 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-3507508 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANTON, RICHARD Street Address (P.O. Box Number is Not Acceptable) 350 SOUTH COUNTY ROAD SUITE 201 PALM BEACH FL 33480 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01)☐ Addition TITLE ☐ Delete TITLE ☐ Change DAWTON, RICHARD NAME NAME **CR2E034** STREET ADDRESS 350 SO COUNTY RD STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ⁻☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 armuse empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in B indicated on this report or support from the corporation or the receive changed, or on an attachment