

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91213 011 ***150.00

DOCUMENT # P99000064775

1. Entity Name
DANDEE SERVICES, INC.



Principal Place of Business
4104 N.W. 73RD AVENUE
CORAL SPRINGS, FL 33065

Mailing Address
4104 N.W. 73RD AVENUE
CORAL SPRINGS, FL 33065

11005216

2. Principal Place of Business
5289 Cooper Terrace
Suite, Apt. #, etc.

3. Mailing Address
5289 Cooper Terrace
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

4. FEI Number
65-0938184

Applied For
Not Applicable

Zip Country
33981 USA

Zip Country
33981 USA

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

RITTER, GREGORY J ESQ.
7000 WEST PALMETTO PARK ROAD
SUITE 400
BOCA RATON, FL 33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$100.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DREW, DIANN M ☐ Delete
STREET ADDRESS 4104 N.W. 73RD AVENUE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Drew=Saunders, Diann
STREET ADDRESS 5289 Cooper Terrace
CITY-ST-ZIP Port Charlotte, FL 33981

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

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

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

12. 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 10 or Block 11 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

Diann Drew Saunders

4/14/03

(941) 626-1950

CR2E034 (1/02)