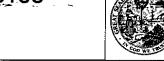
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900073106

1. Entity Name

DANRIC ENTERPRISES, INC.



FILED Jan 28, 2003 8:00 am Secretary of State

01-28-2003 90067 004 ***150.00

				S WET	3.			
Principal Place of Business 3711 SHAMROCK ST. WEST. #P175 TALLAHASSEE FL 32309			Mailing Address 3711 SHAMROCK ST. WEST. #P175 TALLAHASSEE FL 32309			 		
2. Principal F	Place of Busines	SS	3. Mailing Address	3. Mailing Address				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKI	ING CHANGES	;
City & Stat	e		City & State			4. FEI Number 59-3598772 Applied For Not Applicable		
Zip Country			Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name a	nd Address of Curre	nt Registered Agent			7. Name and Address of New Registers	ed Agent	
				Name				
	, Karen s Mrock st.	WEST, #P175		Street Add	dress (F	P.O. Box Number is Not Acceptable)		
	SSEE FL 323				•			
,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	7 /		City		F	L Zio Cod	209	
	named entity s	ubmits this statemen ed agent.	of the purpose of changing its	s registered office or re	egistere	ed agent, or both, in the State of Florida. I a	m familiar with,	and accept
SIGNATURE .	Signature typed or	printed name of registered ag	ent and title if applicable. (NO:	E: Registered Agent signature	required :		26-X	<u> 103</u>
			1					
After	May 1, 2003	FEE IS \$150.00 Fee will be \$550.0 lorida Department				Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10.		OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE	P		☐ Delete	TITLE		1,551,7151,151,151,152,152,152,152,152,152,152,	Change	Addition
NAME	HUDSON, K	AREN S		NAME			J.	
STREET ADDRESS CITY-ST-ZIP	3711 SHAM	rock st. West, Ee FL 32308	#P175	STREET ADDRESS CITY-ST-ZIP		ZP -	3230	9
TITLE	***		☐ Delete	TITLE			☐ Change	Addition
NAME				NAME			_ •	_
STREET ADDRESS				STREET ADDRESS				}
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			Change	☐ Addition
NAME STREET ADDRESS				NAME				1
CITY-ST-ZIP	-			STREET ADDRESS - CITY-ST-ZIP	• • •		•	
TITLE			☐ Delete	TITLE			☐ Change	Addition
NAME			□ Delete	NAME			Griange	
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition
NAME CYPEET APPRICE				NAME				1
STREET ADDRESS CITY-ST-ZIP		•		STREET ADDRESS			-	
		·		CITY-ST-ZIP				
TITLE NAME			☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS				STREET ADDRESS				1
CITY-ST-ZIP			/	CITY-ST-ZIP				-
12. I hereby condition indicated of the corp changed	ertify that the in on this report o poration or the r or on an attach	formation supplied were supplemental report receiver of trustee emment with an address	ith this filing does not qualify for t is true and authorite and that re powered to effect this report	r the exemption stated ny signature shall have as required by Chapte	in Sec the sa er 607,	ction 119.07(3)(i), Florida Statutes. I further came legal effect as if made under oath; that Florida Statutes; and that my name appears	ertify that the in I am an officer s in Block 10 or	nformation or director Block 11 if