


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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90218 024 ***150.00

DOCUMENT # 999000077822	
1. Entity Name DANDUISION PRODUCTIONS COMPANY	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4806 N. FLAGLER DR Suite, Apt. #, etc. Suite # 4 City & State W. Palm Beach, FL Zip 33407 Country USA		3. Mailing Address 4806 N. FLAGLER DR, Suite, Apt. #, etc. Suite # 4 City & State W. Palm Beach, FL Zip 33407 Country USA	
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DO NOT WRITE IN THIS SPACE

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		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent Name Daniel G. Vanlandschoot Street Address (P.O. Box Number is Not Acceptable) 4806 N. FLAGLER DR # 4 City West Palm Bch FL Zip Code 33407	
		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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Daniel G. Vanlandschoot President 4806 N. FLAGLER DR # 4 W. Palm Beach, FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)