2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # **P99000103831** 1. Entity Name DAN WHALEN INC 05-05-2000 90096 048 ***150.00 Principal Place of Business Mailing Address 734 STEELE AVENUE SOUTH 734 STEELE AVENUE SOUTH DAYTONA FL 32119 DAYTONA FL 32119 **LUU834U3**: 2. Principal Place of Business 3. Mailing Address 734 Steele Avenue 734 Steele Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3611101 F1. South Daytona F1. Not Applicable South Daytona Country Country \$8.75 Additional 5. Certificate of Status Desired - - -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHALEN, DANIEL Street Address (P.O. Box Number is Not Acceptable) 734 Steele Avenue 734 STEELE AVENUE SOUTH DAYTONA FL 32119 Zip Code 32119 FL South Daytona 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ***FILE NOW!!! FEE IS \$150.00 = 4449 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. P,V,S,T X Addition Change TITLE □ Delete Whalen, Daniel NAME NAME STREET ADDRESS 734 Steele Avenue South STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP South Daytona, F1. 32119 ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME ? STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Change Addition ,TITLE TITLE Delete NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TTLE. TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Property (1987) TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 suppliemental 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. Pres: Dan Whalen 3/27/00

904-304-6222

Daytime Phone #