

2000 UNIFORM BUSINESS REPORT (UBR).

DOCUMENT # P99000106129

1. Entity Name

DANNCOM ENTERPRISES, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90012 004 ***150.00

Principal Place of Business

4565 HARBOUR N CT
JACKSONVILLE FL 32225

Mailing Address

4565 HARBOUR N CT
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3613244

Applied For

Not Applicable

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

DANNENFELSER, DAVID J
4565 HARBOUR N CT
JACKSONVILLE FL 32225

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS DANNENFELSER, DAVID J
CITY-ST-ZIP 4565 HARBOUR N CT
JACKSONVILLE FL 32225

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DANNENFELSER, DEBORAH E
CITY-ST-ZIP 4565 HARBOUR N CT
JACKSONVILLE FL 32225

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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.

SIGNATURE:

DAVID J. DANNEFELSER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-2000

Date

904 641 4647

Daytime Phone #

CR2E034 (5/00)

Attachment
b# P99CW/06/29
DW74735

July 24, 2000

Divisions Of Corporations
Uniform Business Report Filings
P.O Box 1500
Tallahassee, Florida 32302-1500

Dear Sir:

I am a new business owner and just received for the **first** time a Uniform Business Report Instructions that was labeled **2nd notice**. As soon as I received it I called your number 850 488 9000 and spoke with a Robin. She instructed me to send in only \$150.00 which would have been the initial filing fee and to write a letter of explanation to see if you would accept the \$150.00 instead of the \$550.00.

I did not receive a first notice and was not aware of this filing fee. I would appreciate your consideration in this matter and I will assure you that in the future I will make sure that if I do not get the notice that I will call and request a form to make the May deadline.

Please get back to me and inform me if you will accept the \$150.00. If not I will need enough time to send the additional \$400.00 before September.

Sincerely,



Deborah Dannenfelser

904 641 4647