

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007251

1. Entity Name

DAYTONA AEROSPACE, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90104 026 ***150.00

Principal Place of Business

Mailing Address

1191 E. NEWPORT CENTRE DR
 209 209
 DEERFIELD BEACH FL 33442

1166 W NEWPORT CNTR DR
 112
 DEERFIELD BEACH FL 33442-7739

2. Principal Place of Business

508 S. MILITARY TRAIL

3. Mailing Address

508 S. MILITARY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BEACH, FLORIDA

City & State

DEERFIELD BEACH, FLORIDA

4. FEI Number

65-0479399

Applied For

Not Applicable

Zip

33442

Country

Zip

33442

Country

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

MCFLIKER, HENRY
 19256 REDBERRY COURT
 B
 BOCA RATON FL 33498

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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** MCFLIKER, HENRY
 STREET ADDRESS **1101 E NEWPORT CNTR DR SUITE 207** *NEW ADDRESS CHANGE*
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE Change Addition
 NAME **D** MCFLIKER, HENRY
 STREET ADDRESS **508 S. MILITARY TRAIL**
 CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)