2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000064096** Apr 19, 2000 8:00 am Secretary of State DAYTONA-94, INC. 04-19-2000 90004 040 ***150.00 Mailing Address Principal Place of Business P.O. BOX 291566 GJIDIJA, AFERDITA 337 RUTLEDGE DR. #2 337 RUTLEDGE DR. #2 PORT ORANGE FL 32129-1566 SOUTH DAYTONA FL 32119 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3266390 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOSTER, WALTER E III Street Address (P.O. Box Number is Not Acceptable) 315 S. PALMETTO AVENUE **DAYTONA BEACH FL 32114** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be. _After MAY-1-2000 Fcc.will be:\$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. PD Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME GJIDIJA, AZEM STREET ADDRESS STREET ADDRESS 337 RUTLEDGE DR. #2 CITY-ST-ZIP CITY-ST-ZIP S. DAYTONA FL 32119 Change ☐ Addition **VD** Delete TITLE TITLE NAME GJIDIJA, NAGJIJA NAME STREET ADDRESS STREET ADDRESS 337 RUTLEDGE DR. #2 CITY-ST-ZIP CITY-ST-ZIP S. DAYTONA FL 32119 ☐ Change ☐ Addition STD TITLE □ Delete TITLE GJIDIJA, AFERDITA NAME NAME STREET ADDRESS STREET ADDRESS 337 RUTLEDGE DR. #2 CITY-ST-ZIP CITY-ST-ZIP S. DAYTONA FL 32119 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete

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.

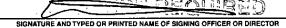
STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP



1/2/00 407-867-3044