

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90003 015 ***150.00

DOCUMENT # P94000064096

1. Entity Name
DAYTONA-94, INC.

Principal Place of Business

Mailing Address

GJIDIJA, AFERDITA
337 RUTLEDGE DR. #2
SOUTH DAYTONA FL 32119
US

P.O. BOX 291566
337 RUTLEDGE DR. #2
PORT ORANGE FL 32129
US

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

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, WALTER E. III
315 S. PALMETTO AVENUE
DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Numbers 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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	GJIDIJA, AZEM		
337 RUTLEDGE DR. #2	337 RUTLEDGE DR. #2		
S. DAYTONA FL 32119	S. DAYTONA FL 32119		
VD	GJIDIJA, NAGJIJA		
337 RUTLEDGE DR. #2	337 RUTLEDGE DR. #2		
S. DAYTONA FL 32119	S. DAYTONA FL 32119		
STD	GJIDIJA, AFERDITA		
337 RUTLEDGE DR. #2	337 RUTLEDGE DR. #2		
S. DAYTONA FL 32119	S. DAYTONA FL 32119		

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **A. GJIDIJA**

4/4/02 **32-476-3628**
 Date Daytime Phone #

CR2E034 (9/01)