2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90109 006 ***150.00

000624

DOCUMENT # P99000086543

1. Entity Name
DAYTONA BEACH FINANCE CORP.

Principal Place of Business	Mailing Address
539 N OLEANDER AVE DAYTONA BEACH FL 32118	539 N OLEANDER AVE DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
661 Beville Rd	661 Beville Rd
Suite, Apt. #, etc. 116	Suite, Apt. #, etc. Suite 116
City & State S. Daytona, Fl	City & State South Daytona Fl
Zip 32119 Country USA	Zip 32119 Country USA

4. FEI Number 59-3604877 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name Daniel Friebis & Associates
Street Address (P.O. Box Number is Not Acceptable) 3890 TurtleCreek Dr
City Port Orange FL Zip Code 32127

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 Dan Friebis X DATE 4/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D BRETZEL, MICHAEL R 795 S. YONGE STREET ORMOND BEACH FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, LAWRENCE D 795 S. YONGE STREET ORMOND BEACH FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Lawrence D. FORD 4/25/01 386 322-9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #