2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

319613 **DOCUMENT#**

1. Entity Name

Principal Place of Business C/O JAMES G. HAHL. ESQUIRE

DAYTONA GARDEN APARTMENTS, INC.



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90259 001 ***450.00

) .	
Mailing Address	
C/O JAMES G. HAHL. ESQUIRE	
P.O. BOX 65	

170 E. GRANADA BLVD. ORMOND BEACH FL 32176 US				P.O. BOX 65 ORMOND BEACH FL 32175 US									
2. Principal Place of Business				3. Mailing Address					U EMBIND UTION SIDEM INCID MEION SEMB	# 1111 #14 11 #14 11	BIBII BIBII BII)	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 59-1214810 Applied For Not Applied				plied For t Applicable	
Zip Country .			Zip		Coun	ountry		5. C	Certificate of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent								7. N	ame and Address of New Re	gistered A	gent		
HAHL, JAMES G						Street Address (P.O. Box Number is Not Acceptable)							
170 E. GRANADA BLVD. ORMOND BEACH FL 32176													
						City	·	,		FL	Zip Code	Э	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State				٠		9. Election Campaign Fina Trust Fund Contribution	ı.	Added	O May Be I to Fees	
10.		OFFICERS AND	DIRECTO		11.			ADI	DITIONS/CHANGES TO OFFI	-		·	
NAME STREET ADDRESS	PD Latour, J 124 EMME Daytona	TT ST. 🦸		☐ Delete		1					☐ Change	Addition	
	372 RIVER	ter Jr, Philip Side dr. Beach Fl 32176		⊠ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>*</i>		<u>.</u>	□ Delete		*	372	ıld. Riv) ine Hoffmeister verside Drive Beach, FL 32176		☐ Change	★ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				` Delete							☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1			·			☐ Change	Addition	
indicated of the cor	on this repor	t or cupolemental report i	s true and owered to	l accurate and that r execute this report	ny signa as requi	ture shall ha	ave the sa	ame le	I 19.07(3)(i), Florida Statutes. I egal effect as if made under o da Statutes; and that my name	am: mat i ar	n an onicer	or director i	

SIGNATURE:

THE WHIT WHEN OR PRINTED NAME OF SIG

(386) 673-4200 Daytime Phone #