


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

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

05-05-2003 91154 032 ***150.00

DOCUMENT # 393496	
1. Entity Name DAYTONA SERVICE CORPORATION	

DO NOT WRITE IN THIS SPACE

11040711

2. Principal Place of Business 501 N. ORLANDO AVE		3. Mailing Address 501 N. ORLANDO AVE	
Suite, Apt. #, etc. 313-240		Suite, Apt. #, etc. 313-240	
City & State WINTER PARK, FL		City & State WINTER PARK, FL	
Zip 32789	Country USA	Zip 32789	Country USA

DO NOT WRITE IN THIS SPACE

4. FEE Number 59-1382022		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ROBERT N REYNOLDS	
Street Address (P.O. Box Number is Not Acceptable) 1881 Lee Road	
City WINTER PARK	FL 32789

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 **Robert N. Reynolds, Esq. (Corporate Counsel)** **04-30-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D. 501 N. ORLANDO AVE. WINTER PARK, FL ROJAK, GLEN T. 32789	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Glen T. Rojak** **4/30/03** **386-763-0199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)