

DOCUMENT # 441651

1. Entity Name  
VOLVO OF DAYTONA BEACH, INC.

Principal Place of Business  
601 MASON AVE.  
DAYTONA BEACH FL 32117

Mailing Address  
601 MASON AVE.  
DAYTONA BEACH FL 32117

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 59-1510498

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUGHAM, DAVID L  
713 PELICAN BAY DR  
DAYTONA BCH FL 32119

Name  
Street Address (P.O. Box Number is 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 \_\_\_\_\_ (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, 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	VPD	<input type="checkbox"/> Delete
NAME	HOUGHAM (FRED C.)	
STREET ADDRESS	601 MASON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOUGHAM (DAVID L.)	
STREET ADDRESS	601 MASON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOUGHAM (FRED R.)	
STREET ADDRESS	601 MASON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: David L. Hougham DAVID L. Hougham 1-4-2001 904 252 7676  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90033 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)