

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90530 018 \*\*\*150.00

**DOCUMENT # 542697**

1. Entity Name  
**DAYTONA MANAGEMENT CORP.**



Principal Place of Business  
**1239 OCEANSHORE BLVD.  
UNIT 12B2  
ORMOND BEACH FL 32176**

Mailing Address  
**1239 OCEANSHORE BLVD.  
UNIT 12B2  
ORMOND BEACH FL 32176**



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 **59-1765556**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURNETT, RANDOM R  
501 N. GRANDVIEW AVENUE  
DAYTONA BEACH FL 32118**

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. 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 re-stating).

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES, SEC, DIR.** ☐ Delete  
NAME **BURNETT, RANDOM R**  
STREET ADDRESS **501 N. GRANDVIEW AVENUE**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **VP, SEC, DIR.** ☒ Change ☐ Addition  
NAME **BURNETT, RANDOM R.**  
STREET ADDRESS **501 N. GRANDVIEW AVE**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **ADD PRES, DIR** ☐ Delete  
NAME **COHEN, ZEV**  
STREET ADDRESS **1239 OCEANSHORE BLVD. UNIT 12B2**  
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **PRES., DIR** ☒ Change ☐ Addition  
NAME **COHEN, ZEV**  
STREET ADDRESS **1239 OCEANSHORE BLVD., UNIT 12B2**  
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**ZEV COHEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 22, 2003 (386) 441-2870**

Date

Daytime Phone #

CR2E034 (10/02)