

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91244 007 ***150.00

DOCUMENT # 648789

1. Entity Name
DAYTONA AUTO BROKERS, INC.

Principal Place of Business
306 SEABREEZE BLVD
DAYTONA BEACH FL 32118
US

Mailing Address
925 NORTH HALIFAX AVE.
#1109
DAYTONA BEACH FL 32118-3778
US

2. Principal Place of Business
925 N. Halifax Avenue

Suite, Apt. #, etc.
1109 S

City & State
Daytona Beach, FL

3. Mailing Address
the same

Suite, Apt. #, etc.
1109 S

City & State
Daytona Beach, FL

Zip
32118

Country
Volusia

4. FEI Number **59-1953311**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEISSER, H. M.
306 SEABREEZE BLVD.
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name
Betty Jane Boone

Street Address (P.O. Box Number is Not Acceptable)
925 N. Halifax Ave
#1109 S

City
Daytona Beach, FL

Zip Code
32118

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 *Betty Jane Boone* 5-15-01

Signature, typed or printed name of registered agent and title if applicable. (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. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Betty Jane Boone	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSER, HERMAN M.		NAME	925 N. Halifax Ave	
STREET ADDRESS	306 SEABREEZE BLVD.		STREET ADDRESS	#1109S	
CITY-ST-ZIP	DAYTONA BCH. FL		CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.

SIGNATURE *Betty Jane Boone* 5-15-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)