2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710448

1. Entity Name

DAYTONA BEACH COMPOSITE SQUADRON INC

FILED
Apr 12, 2000 8:00 am
Secretary of State
04-12-2000 90172 002 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1612 AVIATION CENTER PARKWAY P.O. BOX 1048 DAYTONA BEACH FL 32115-1048	1612 AVIATION CENTER PARKWAY P.O. BOX 1048 DAYTONA BEACH FL 32115-1048

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 **NOT APPLICABLE** ☐ 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
POWELL, MERRITT H 631 S RIDGEWOOD AVE DAYTONA BEACH FL 32014	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDPD BAYNE, JOHN E 1415 OCEAN SHORE BLVD ORMOND BEACH FL 32176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDPD David Younce 1400 S. Nova Rd. #130 Daytona Beach, FL 32114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOLA, CESARE M 970 SAMMS AVENUE PORT ORANGE FL 32119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Lisa Golden 1400 S. Nova Rd. #130 Daytona Beach, FL 32114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PETERSON, JEFF 12 CRAMPTON CT PALM COAST FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rosalyn Powell 631 S. Ridgewood Ave. Daytona Beach, FL 32114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAND, BENJAMIN 555 W GRANADA BLVD., SUITE E-3 ORMOND BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Merritt Powell 631 S. Ridgewood Ave. Daytona Beach, FL 32114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Benjamin Hand 555 W. Granada Blvd. Suite E-4 Ormond Beach, FL 32174	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 617, 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: SIGNATURE REQUIRED 4-7-00 904-673-4155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #