

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90196 001 ****61.25

DOCUMENT # 733057

1. Entity Name

DAYTONA BEACH, REACT, INC.

Principal Place of Business

**203 NORTH MCDONALD AVE
 DELAND FL 32724-4513
 US**

Mailing Address

**203 NORTH MCDONALD AVE
 DELAND FL 32724-4513
 US**

2. Principal Place of Business

n/c

Suite, Apt. #, etc.

n/c

City & State

n/c

Zip

n/c

Country

n/c

3. Mailing Address

n/c

Suite, Apt. #, etc.

n/c

City & State

n/c

Zip

n/c

Country

n/c

6. Name and Address of Current Registered Agent

**VOGENITZ, M. BILL
 203 NORTH MCDONALD AVE
 DELAND FL 32724**

4. FEI Number

59-1804444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VOGENITZ, VALORIE A	
STREET ADDRESS	203 NORTH MCDONALD AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MANN-ROSS, WILMA	
STREET ADDRESS	335 GARDEN STREET	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	VOGENITZ, M B	
STREET ADDRESS	203 NORTH MCDONALD AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	SAA	<input type="checkbox"/> Delete
NAME	SLANEY, ARTHUR	
STREET ADDRESS	3003 US HWY 92 LOT 70	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	AVPD	<input checked="" type="checkbox"/> Delete
NAME	MYERS, DONALD	
STREET ADDRESS	154 SPRINGWOOD DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGENITZ, VALORIE A.	
STREET ADDRESS	203 NORTH MCDONALD AVE.	
CITY-ST-ZIP	DELAND FL 32724-4513	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, DONALD	
STREET ADDRESS	154 SPRINGWOOD DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL., 32119	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAUDLE, LARRY G	
STREET ADDRESS	628 EAST CHURCH STREET	
CITY-ST-ZIP	DELAND, FL., 32724	
TITLE	SAA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLANEY, ARTHUR	
STREET ADDRESS	3003 US HWY 92 LOT 70	
CITY-ST-ZIP	DAYTONA BEACH, FL. 32124	
TITLE	AVPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN-ROSS, WILMA	
STREET ADDRESS	55637 KEITH STREET	
CITY-ST-ZIP	ASTOR, FL., 32102	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOGENITZ, M. BILL	
STREET ADDRESS	203 NORTH MCDONALD AVE.	
CITY-ST-ZIP	DELAND, FL., 32724-4513	

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: *McBrien Vogenitz*

JAN 20, 2001 (386) 734-8852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)