

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

D. A. V. #53

P. O. Box 722

New Smyrna Bch., FL 32170

759988

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90108 006 ****61.25

Principal Place of Business

Mailing Address

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 59-200-1375

Applied For

ON FILE YOUR OFFICE

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

MR. STANLEY SAXON
819 E. 16TH AVE
NEW SMYRNA BCH FL. 32169

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

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	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	IRVING LAYCOCK	76 AQUA COURT NEW SMYRNA BCH FL. 32168		
	VP	MARION W. JENKINS	2927 MANGO TREE DR EDGEWATER FL 32141		
	T	FRANCIS L. WALTON	97 CEDAR DUNES DRIVE NEW SMYRNA BCH FL 32169		
	D	WILLIAM E. SCHARA	1793 PERSIMMON CIRCLE EDGEWATER FL 32132		
	S	SHELDON GOLD	P.O. BOX 743 "NA" EDGEWATER FL 32132		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 17 2000 904-427-1480

Date

Daytime Phone #

CR2E037 (9/99)