

2001 UNIFORM BUSINESS REPORT (UBR)

Amended: Filing fee \$61.25

DOCUMENT # H06434

1. Entity Name
DAYTONA BEACH USED CARS
530 MASON AVE
DAYTONA BEACH, FL 32117

Principal Place of Business Mailing Address
530 MASON AVE 530 MASON AVE
DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL

2. Principal Place of Business 3. Mailing Address
530 MASON AVE 530 MASON AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DAYTONA BEACH, FL DAYTONA BEACH, FL
Zip Zip
32117 32117
Country Country
USA USA

4. FEI Number Applied For
59-2615712 Not Applicable

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

6. Name and Address of Current Registered Agent
VERGEL R. CLEARY
530 MASON AVE
DAYTONA BEACH, FL 32117

7. Name and Address of New Registered Agent
Name HAROLD POSEY
Street Address (P.O. Box Number is Not Acceptable) 530 MASON AVE
City DAYTONA BEACH FL Zip Code 32117

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 Harold G. Posey - principal owner 11/15/01
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Delete	TITLE	HAROLD G POSEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERGEL R. CLEARY		NAME	530 MASON AVE	
STREET ADDRESS	530 MASON AVE		STREET ADDRESS	DAYTONA BEACH, FL 32117	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	500004734115--6	
STREET ADDRESS			STREET ADDRESS	-12/20/01--01024--022	
CITY-ST-ZIP			CITY-ST-ZIP	*****61.25 *****61.25	
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		

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 another like empowered.

SIGNATURE: HAROLD G. POSEY NOV 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

FILED

01 DEC -6 PM 6:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE