

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90474 023 \*\*\*\*88.75  
06-19-2002 90928 014 \*\*\*\*61.25

869987

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # H86434**

1. Entity Name

**DAYTONA BEACH USED CARS, INC.**

Principal Place of Business

**530 MASON AVE  
DAYTONA BEACH FL 32117**

Mailing Address

**530 MASON AVE  
DAYTONA BEACH FL 32117**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2615712**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CLEARY, VIRGIL**

**530 MASON AVE**

**DAYTONA BEACH FL 32117**

7. Name and Address of New Registered Agent

Name **HAROLD G. 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**

DATE

**6/16/02**

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, 2002 Fee will be \$350.00  
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

TITLE **P**  
NAME **CLEARY, VIRGIL**  
STREET ADDRESS **530 MASON AVE**  
CITY-STATE-ZIP **DAYTONA BEACH FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  
NAME **HAROLD G. POSEY**  
STREET ADDRESS **530 MASON AVE**  
CITY-STATE-ZIP **DAYTONA BEACH, FL 32117**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

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. I

SIGNATURE:

**HAROLD G. POSEY**

DATE

**6/16/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

**386-255-2362**