

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90210 037 ***158.75

0063281 AT

DOCUMENT # J00491

1. Entity Name
DAY-TONA SEABREEZE, INC.



Principal Place of Business
**4851 KELLER SPRINGS RD
222
ADDISON TX 75001-5928
US**

Mailing Address
**4851 KELLER SPRINGS RD
222
ADDISON TX 75001-5928
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

75001-6261

75001-6261

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **75-2092401**

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

**ORFINGER, MICHAEL S
MONACO SMITH HOOD PERKINS LOUCKS & STOUT
444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH FL 32118**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LITOFF, ELIOT**
STREET ADDRESS **4851 KELLER SPRINGS RD 222**
CITY-ST-ZIP **ADDISON TX 75001-6261**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **LITOFF, CAROL**
STREET ADDRESS **4851 KELLER SPRINGS RD 222**
CITY-ST-ZIP **ADDISON TX 75001-6261**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **LITOFF, HAROLD**
STREET ADDRESS **84 SHIP STREET, UNIT F-1 EAST**
CITY-ST-ZIP **PROVIDENCE RI 02903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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]*

SIGNATURE RECEIVED *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 2003 972/380-8933
Date Daytime Phone #

CR2E034 (10/02)