

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90255 038 ***150.00

0013194 AV

DOCUMENT # J66370

1. Entity Name

DAYTONA CONCRETE CONTRACTORS, INC.



Principal Place of Business

% SYLVAN A. WELLS
618 N WILD OLIVE AVE
DAYTONA BEACH FL 32118

Mailing Address

% SYLVAN A. WELLS
618 N WILD OLIVE AVE
DAYTONA BEACH FL 32118

2. Principal Place of Business

727 Chicago Avenue

3. Mailing Address

727 Chicago Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

South Daytona FL

City & State

South Daytona FL

4. FEI Number

59-2801370

Applied For

Not Applicable

Zip

32119

Country

Volusia

Zip

32119

Country

Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WELLS, SYLVAN A.
618 N WILD OLIVE AVE
DAYTONA BEACH FL 32018

7. Name and Address of New Registered Agent

Name

John M. Kunzer, Sr.

Street Address (P.O. Box Number is Not Acceptable)

727 Chicago Avenue

City

South Daytona

FL

Zip Code
32119

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.

John M. Kunzer, Sr.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

04/23/'03

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

TITLE	D <input type="checkbox"/> Delete
NAME	KUNZER, JOHN M.
STREET ADDRESS	727 CHICAGO AVE
CITY-ST-ZIP	SOUTH DAYTONA FL
TITLE	D <input type="checkbox"/> Delete
NAME	KUNZER, DONNA
STREET ADDRESS	727 CHICAGO AVE
CITY-ST-ZIP	SOUTH DAYTONA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 (386) 761-2164

Date

Daytime Phone #

CR2E034 (10/02)