

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0004546

DOCUMENT # L00000007172

1. Entity Name

DAYTONA COMMERCIAL II L.C.

04-01-2002 90610 027 ****50.00

Principal Place of Business

307 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

Mailing Address

307 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

2. Principal Place of Business

2101 JOHN ANDERSON

3. Mailing Address

2101 JOHN ANDERSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

Zip

32176

Country

FLORIDA

Zip

32176

Country

FLORIDA

4. FEI Number

99-370-2844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAINEY, JOHN A
2101 JOHN ANDERSON DR
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BIRDMAN, HARVEY	
STREET ADDRESS	307 SOUTH 21ST AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	RAINEY, JOHN A	
STREET ADDRESS	2101 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
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		

10. ADDITIONS/CHANGES

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E083 (9/01)