

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010604

1. Entity Name  
DAYTONA PERFORMANCE MARINE, LLC

Principal Place of Business  
3776 W. COLONIAL DRIVE  
ORLANDO FL 32808

Mailing Address  
3776 W. COLONIAL DRIVE  
ORLANDO FL 32808

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3000 B. South Ridgewood Avenue

3. Mailing Address

3000 B South Ridgewood Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

South Daytona

City & State  
South Daytona FL

4. FEI Number  
59-3670129

Applied For  
Not Applicable

Zip  
32119

Country  
USA

Zip  
32119

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REED, JOHN L JR.  
3776 W. COLONIAL DRIVE  
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
3000 B South Ridgewood 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.

SIGNATURE X *John L Reed Jr* John L Reed Jr. President 2.28.01  
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

9. MANAGING MEMBERS/MEMBERS

TITLE President ☐ Delete  
NAME John L Reed Jr.  
STREET ADDRESS 1201 Cornerstone Court  
CITY-ST-ZIP Orlando FL 32835

TITLE Vice President ☐ Delete  
NAME Raymond D. Reed  
STREET ADDRESS 10417 Lake Louisa Rd.  
CITY-ST-ZIP Clermont FL 34711

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700003887967--5  
CITY-ST-ZIP -03/20/01--01043--007

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS \*\*\*\*\*50.00 ☐ Change ☐ Addition  
CITY-ST-ZIP \*\*\*\*\*50.00

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

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

TITLE ☐ Change ☐ 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 X *John L Reed Jr* John L Reed Jr. President 2.28.01 (904) 763-7088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0006749 AF

CR2E083 (11/00)