## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 24, 2002 8:00 am Secretary of State DOCUMENT # M84440 1. Entity Name 03-24-2002 90020 034 \*\*\*150.00 ECONOMY CARS OF DAYTONA, INC. Principal Place of Business Mailing Address 1116 MASON AVENUE 1116 MASON AVENUE DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117 2. Principal Place of Business 3. Mailing Address 1110 MASON AVE 114 MADON AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For OF YTOND BORCH BIS-59-2941845 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32117 a a/ OLUEPB レリトレヨトガ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YANOWITZ, JEROLD L Street Address (P.O. Box Number is Not Acceptable) 1395 SURREY PARK DR. PT. ORANGE FL 32124 City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) ☐ Addition TITLE ☐ Delete TITLE NAME yanowitz. Ursula irene NAME 1395 SURREY PARK DRIVE STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32124 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME YANOWITZ, JEROLD L NAME 1395 SURRAY PARK DRIVE STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32124 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 if

SIGNATURE: . URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

CR2E034