2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

M84440

1. Entity Name

ECONOMY CARS OF DAYTONA, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90146 048 ***158.75

Principal Plac	e of Business	3	Mailin	Mailing Address										
-++116-MASON AVENUE				_1116 MASON AVENUE							-			
DAYTONA BEACH FL 32117			DAYTONA BEACH FL 32117											
م	OFF OF	FFICE CHAN	wa)											
2. Principal F	Place of Busin	PALL CHAR ess ON AVE	3. Mai	3. Mailing Address 1122 MASON AVE				1 10 610		 	I (B) (B) B)	 	IBII BIBII IBBI	
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & Stat		ACH, Ph.		City & State ORY FONA				FEI Numb	er 59-2941	845		 	plied For t Applicable	
Zip 32 117		Country U-6A	ountry Zip Cou		Coun	itry	5	5. Certificate of Status Desired * - 5. Cert					litional	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent							
,						Name								
	Z, JEROLD			;			Street Address (P.O. Box Number is Not Acceptable)							
	REY PARK IGE FL 3212													
The offware reserved						City	ity FL Zip Co						е	
		submits this statement	for the purp	ose of changing its	registere	ed office or	registered ac	gent, or bot	th, in the State	of Florida.	l am far	niliar with,	and accept	
the obligat	ions of registe	ered agent.		1								_	}	
SIGNATURE .	Signatus, typed	or printed name of registered and	nt and title if app	dicable (NOTE	· Registere	d Agent signatu	re required when r	reinstating)		- 1/2-	B'-Z	93		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								l l	ection Campaig ust Fund Contri	-			0 May Be I to Fees	
10.		OFFICERS AND	D DIRECTO				ΑI	 DDITIONS/	CHANGES TO	OFFICERS	AND D	IRECTORS	3 IN 11	
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NAME		Z, URSULA IRENE		NAM		E								
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CITY-ST-ZIP	PORT ORANGE FL 32124					-ST-ZIP								
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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: