

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M93162**

1. Entity Name
CRUISIN OF FLORIDA, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90263 003 ***150.00

Principal Place of Business
**525 N. ATLANTIC AVE.
DAYTONA BEACH FL 32118
US**

Mailing Address
**400 PARQUE DR
STE 5
ORMOND BEACH FL 32174
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2906749**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ASH, CLARA
400 PARQUE DR
STE 5
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name

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

City

**Jennifer Clauer
400 Parque Dr #5
Ormond Beach FL 32174**

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 of officer or director of registered agent and the filer (applicable)

(NOTE: Registered Agent's signature is required when the statement)

4-16-01

Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	PVD MYARA, ALAIN	537 N ATLANTIC AVE	DAYTONA BEACH FL	
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 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

Date

Daytime Telephone

4-16-01

CR2E034 (10/00)