

2002 UNIFORM BUSINESS REPORT (UBR)

2/:

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-05-2002 90077 013 ****61.25

DOCUMENT # N96000004882

1. Entity Name

**SUPERIOR SMALL LODGINGS OF THE DAYTONA BEACH ARE
A, INC.**

Principal Place of Business

Mailing Address

**126 E. ORANGE AVE.
DAYTONA BEACH FL 32114**

**126 E. ORANGE AVE.
DAYTONA BEACH FL 32114**

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIMARIA, VICTORIA L
126 E. ORANGE AVE.
DAYTONA BEACH FL 32114**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P/D MOLNAR, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2435 S. ATLANTIC AVENUE	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE NAME	V/D BROWN, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	453 S ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE NAME	T HANDS, ANDREW	<input type="checkbox"/> Delete
STREET ADDRESS	2315 S ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	V/D Vice - president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3801 S. Atlantic Ave.	
CITY-ST-ZIP	Daytona Beach Shores, FL 32127	
TITLE NAME	<input checked="" type="radio"/> P/D President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Brown Mary	
CITY-ST-ZIP	453 S. Atlantic Ave.	
	Ormond Bch, FL 32176	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

VICTORIA L DIMARIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02 386-255-0415

CR2E037 (9/01)