

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90447 035 ***150.00

DOCUMENT # P00000096511

1. Entity Name

DUR-A-SHIELD OF DAYTONA, INC.



Principal Place of Business

**1255 MASON AVENUE
DAYTONA BEACH FL 32117**

Mailing Address

**1255 MASON AVENUE
DAYTONA BEACH FL 32117**

2. Principal Place of Business

**2393 BELLEVUE AVE. EXT
Suite, Apt. #, etc.**

3. Mailing Address

**2393 BELLEVUE AVENUE EXT.
Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

City & State

DAYTONA BEACH, FLORIDA

City & State

DAYTONA BEACH, FLORIDA

4. FEI Number

59-3676310

Applied For

Not Applicable

Zip

Country

32117

USA

Zip

Country

32117

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHURCHMAN, RICHARD K.

1255 MASON AVENUE

DAYTONA BEACH FL 32117

7. Name and Address of New Registered Agent

Name

RICHARD K. CHURCHMAN CPA

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

1255 MASON AVE

City

DAYTONA BEACH

FL

Zip Code

32117

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **LYONS, STUART A**
STREET ADDRESS **1255 MASON AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

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
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-03

Date

386-257-1007

Daytime Phone #

CR2E034 (10/02)