

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103025

1. Entity Name  
LINE-X OF DAYTONA, INC.

Principal Place of Business  
213 SILVER BEACH AVE.  
DAYTONA BEACH FL 32118

Mailing Address  
213 SILVER BEACH AVE.  
DAYTONA BEACH FL 32118

1757 NOVA Rd #102 1757 NOVA Rd #102

2. Principal Place of Business

112 CANVASBACK CIR.

3. Mailing Address

112 CANVASBACK CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HOLLY HILL, FL

HOLLY HILL, FL

City & State  
DAYTONA BEACH, FL

City & State  
DAYTONA BEACH, FL

Zip

Country

Zip

Country

32119

32119



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3715331

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

TINSLEY, GARY W ESQ.  
213 SILVER BEACH AVE.  
DAYTONA BEACH FL 32118

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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
D  
DANIEL, DAN  
112 CANVASBACK CIRCLE  
DAYTONA BEACH FL 32119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DANIEL, LINDA  
112 CANVASBACK CIRCLE  
DAYTONA BEACH FL 32119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DANIEL, ADAM  
112 CANVASBACK CIRCLE  
DAYTONA BEACH FL 32119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/01

386-238-533

Date

Daytime Phone #

CR2E034 (5/01)