

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90338 045 ***150.00

DOCUMENT # PO1000018132 ✓
1. Entity Name
DAYTECH CONSULTING, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 TOMOKA COVE WAY
Suite, Apt. #, etc.

3. Mailing Address
21 TOMOKA COVE WAY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORMOND BEACH, FL
Zip
32174 Country

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ORMOND BEACH, FL
Zip
32174 Country

4. FEI Number
59-3700729
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
BABAZADEH, Ali

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

21 TOMOKA COVE WAY

City
ORMOND BEACH FL Zip Code
32174

**DO NOT WRITE
IN THIS SPACE**

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 Ali Babazadeh, President
Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when remaining

4/30/02
Date

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
President
BABAZADEH, Ali
21 TOMOKA COVE WAY
ORMOND BEACH, FL
32174

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ali Babazadeh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BABAZADEH
President

4/30/02 (386) 577-1271
Date Daytime Phone

CR2E034B (12/01)