

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

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90009 029 ***150.00

DOCUMENT # **P01000029071**

1. Entity Name

DAYCAN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

732 Ballough Rd.

Suite, Apt. #, etc.

3. Mailing Address

732 Ballough Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Daytona Beach, FL.

Zip **32114**

Country **USA**

City & State

Daytona Beach, FL.

Zip **32114**

Country **USA**

4. FEI Number

59-3705287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **David P. Heaner**

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

1065 King Arthur Circle

City **Maitland**

FL

Zip Code

32751

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 **David P. Heaner**

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

David P. Heaner

(NOTE: Registered Agent signature required when reappointing)

07/25/02

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 \$81.25

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 DAVID P. HEANER 1065 King Arthur Circle Maitland, FL. 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. / Secretary Treasurer Anita M. Heaner 1065 King Arthur Circle Maitland, FL. 32751
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/02

386-252-6530

Daytime Phone #

CR2E034B (12/01)



QUALITY DECALS FOR
TILE • CHINA • CERAMIC

Attachment

PO10000029071

676022

Could you please consider waiving the
late fee as the original form must have
gone to the wrong corporate address.

Please!

Thanks!

Paul P. Hean