## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 21, 2002 8:00 am Secretary of State P01000034293 **DOCUMENT #** 08-21-2002 90094 044 \*\*\*550.00 DAYTONA STREET & PERFORMANCE, INC. Principal Place of Business Mailing Address 333-ANDALUSIA AVE-333 ANDALUSIA AVE ORMOND BOH FL 32174 ORMOND-BCH-FL-32174 1715 Ridgewood AVK 1715 Ridgewood Ave Holly Hill, FL. 32117 Holly Hill, FL 32177 2. Principal Place of Business 3. Mailing Address 1715 RIDGE WOON Suite, Apt. #, etc. Şuite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VEDDER, SUSAN E Street Address (P.O. Box Number is Not Acceptable) 333 ANDALUSIA AVE ORMOND BCH FL 32174 City Zip Code 1. 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete TITI F TH Change ☐ Addition vedder, Susan e VEDDER, SUSANE 1715 RIBGE WOOD AUE NAME 1715 Ridge wood Ave 233 ANDALUSIA AVE-STREET ADDRESS STREET ADDRESS ORMOND BCH FL 32174 Holly Hill, FL. 32117 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITI E ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. Thereby 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Delete

☐ Change

☐ Change

☐ Addition

☐ Addition