

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000023725

1. Entity Name

OTIS ENTERPRISES OF DAYTONA, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90053 047 ***150.00

Principal Place of Business 510 MOON RISE DRIVE PORT ORANGE FL 32127	Mailing Address 510 MOON RISE DRIVE PORT ORANGE FL 32127-7554
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2. Principal Place of Business 5640 Ridgewood Ave.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Port Orange FL.	City & State
Zip 32127	Country Volusia



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3176583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES INC. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32115-2491	
7. Name and Address of New Registered Agent	
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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SPELIOTES, ANTHONY S 510 MOON RISE DR. PORT ORANGE FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: Anthony S. Speliotas **2-7-00** **(904) 760-5280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Anthony S. Speliotas

CR2E034 (9/99)