2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State
07-18-2000 90008 046 ***150.00

DOCUMENT # P93000049191

1. Entity Name
CDL OF DAYTONA, INC.

R

Principal Place of Business	Mailing Address
413 OAK PLACE BLDG 4 STE A PORT ORANGE FL 32127	413 OAK PLACE BLDG 4 STE A PORT ORANGE FL 32127

A00067805

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
413 OAK PLACE	413 OAK PLACE
Suite, Apt. #, etc.: BLDG 4 Suite A	Suite, Apt. #, etc.: BLDG 4 Suite A
City & State: Port Orange FL	City & State: Port Orange FL
Zip: 32127 Country: Volusia	Zip: 32127 Country: VOLUSIA

4. FEI Number 59-3190953 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALEX P. LOYD
3747 LONGFORD CIRCLE
ORMOND BEACH FL 32174

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 _____
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 13, 2000 Min. 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOYD, ALEX P 3747 LONG FORD CIR ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LOYD, DEBORAH S 3747 LONG FORD CIR ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
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CR2E034 (5/00)

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 7-10-00 (904) 761-5225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P95000044141 H00007805

INTERSTATE BATTERIES

INTERSTATE BATTERIES OF DAYTONA
413 Oak Place, Building 4, Suite A, Port Orange, FL. 32127
(904) 761-5225

To Whom it may Concern:

I Never Recieved the First Notice of this Form.

thanks
Alex P. Ford

P.S. I have payed All Intangible Corp. Tax For the year 2000.