2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000049191 Feb 27, 2001 8:00 am **Secretary of State** 1. Entity Name CDL OF DAYTONA, INC. 02-27-2001 90298 016 ***150.00 Principal Place of Business Mailing Address 413 OAK PLACE 413 OAK PLACE BLDG 4 STE A BLDG 4 STE A PORT ORANGE FL 32127 PORT ORANGE FL 32127 2. Principal Place of Basiness 11.3 OAK PIACE 3 0AK DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3190953 Oranbe Not Applicable Country VD(USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALEX P. LOYD Street Address (P.O. Box Number is Not Acceptable) 3747 LONGFORD CIRCLE ORMOND BEACH FL 32174 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) TITLE ☐ Addition ☐ Delete TITLE LOYD, ALEX P NAME NAME STREET ADDRESS STREET ADDRESS 3747 LONG FORD CIR CITY-ST-ZIP CITY-ST-ZIP **ORMOND BEACH FL 32174** ☐ Change ☐ Addition TITLE ☐ Delete TITLE LOYD, DEBORAH S NAME NAME 3747 LONG FORD CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORMOND BEACH FL 32174** CJTY-ST-7IP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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, will all other like empowered.

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR