

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000064129**

1. Entity Name

DAYTONA PLASTIX, INC.**FILED**
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90112 003 ***150.00

Principal Place of Business	Mailing Address
1870 MASON AVE DAYTONA BEACH FL 32117 US	PO BOX 9425 DAYTONA BEACH FL 32120-9425 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3201995**

Applied For

/ Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****GORNTO, L.A. JR.**
149-F SOUTH RIDGEWOOD AVE
DAYTONA BEACH FL 32114**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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	LOEBEL, TOMAS E	
STREET ADDRESS	1870 MASON AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE	ST	<input type="checkbox"/> Delete
NAME	EPSTEIN, LORI	
STREET ADDRESS	1870 MASON AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SPERBER, PERRY	
STREET ADDRESS	1870 MASON AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori Epstein

Date

2/18/00

Daytime Phone #

274-4627

CR05024 (3/00)