2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9400007251 Apr 14, 2000 8:00 am Secretary of State DAYTONA AEROSPACE, INC. 04-14-2000 90104 026 ***150.00 Mailing Address Principal Place of Business 1166 W NEWPORT CNTR DR 1191 E. NEWPORT CENTRE DR 209 209 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-7739 2. Principal Place of Business 3. Mailing Address 508 S. MILITARY TRAIL 508 S. MILITARY TRAIL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0479399 BEACH . FLORIDA DEERFIELD BEACH FLORIDA Not Applicable DEERFIELD Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 33442 33442 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCFLIKER, HENRY Street Address (P.O. Box Number is Not Acceptable) 19256 REDBERRY COURT **BOCA RATON FL 33498** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D ☐ Change Addition TITLE TITLE ☐ Delete MCFLIKER, HENRY NAME MCFLIKER, HENRY NAME 1401 E NEWPORT CNTR DR SUITE 207 SARY ADDRESS STREET ADDRESS STREET ADDRESS 508 S. MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** DEERFIELD BEACH, FL 33442 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Channe Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 empore the 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 SIGNATURE: Daytime Phone