

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P94000011865**

1. Entity Name

**DAYTONA BEACH INVESTMENT, INC.****FILED****May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90207 040 \*\*\*150.00

Principal Place of Business

**3010 SOUTH PENINSULA DR.  
DAYTONA BEACH FL 32118**

Mailing Address

**C/O CLARK & STEWERT  
535 SILVER BEACH AVE.  
DAYTONA BEACH FL 32118  
US**

2. Principal Place of Business

**326 N. Atlantic Ave.**

Suite, Apt. #, etc.

3. Mailing Address

**C/O Stewart & Associates PA**

Suite, Apt. #, etc.

**535 Silver Beach Ave.**

City &amp; State

**Daytona Beach FL**

Zip

**32118**

Country

**Volusia**

City &amp; State

**Daytona Beach FL**

Zip

**32118**

Country

**Volusia**

6. Name and Address of Current Registered Agent

**ANDERSON, GEORGE D  
3010 SOUTH PENINSULA DR.  
DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2001 Fee will be \$550.00  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P ANDERSON, GEORGE D.</b>	<b>3010 S. PENINSULA DRIVE</b>	<b>DAYTONA BEACH FL</b>	

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

Date

Daytime Phone #

**4-30-2001****00050461**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)