

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019910

1. Entity Name

BLUE SKY OF DAYTONA BEACH, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90252 027 ***150.00

Principal Place of Business

729 E. INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114

Mailing Address

729 E. INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

729 E. International Speedway
Suite, Apt. #, etc. 066Same
Suite, Apt. #, etc.

City & State

DAYTONA BCH FL

City & State

Same

Zip

32118

Country

Zip

32118

Country

4. FEI Number 59-3311467

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KAPLAN, LINDA
7 CHOCTAW TRAIL
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 \$150.00
After MAY 1, 2001 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 P
NAME KAPLAN, LINDA
STREET ADDRESS 7 CHOCTAW TRAIL
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ DeleteTITLE TS
NAME KAPLAN, MARSHALL
STREET ADDRESS 7 CHOCTAW TRAIL
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 #

CR2E034 (10/00)