

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90371 001 \*\*\*300.00

**DOCUMENT # P95000033486**

1. Entity Name  
**DATELINE DAYTONA, INC.**



Principal Place of Business  
**139 JUBILEE CIRCLE  
DAYTONA BEACH FL 32125-0783**

Mailing Address  
**P.O. BOX 250783  
DAYTONA BEACH FL 32125-0783**



2. Principal Place of Business  
**6 Dover Falls Rd**

3. Mailing Address  
**6 Dover Falls Rd**

Suite, Apt. #, etc.  
**Ormond Beach**

Suite, Apt. #, etc.  
**Ormond Beach**

City & State  
**FL**

City & State  
**FL**

Zip  
**32174**

Country  
**USA**

Zip  
**32174**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3320337**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**KOELKER, DONALD R  
139 JUBILEE CIRCLE  
DAYTONA BEACH FL 32124**

## 7. Name and Address of New Registered Agent

Name **DONALD R KOELKER**

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

**6 Dover Falls Rd**

**Ormond Beach**

City

**FL**

Zip Code

**32174**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DONALD R. KOELKER**

**Donald R. Koelker**

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete  
NAME **KOELKER, DONALD R**  
STREET ADDRESS **139 JUBILEE CIRCLE**  
CITY-ST-ZIP **DAYTONA BEACH FL 32125-0783**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **6 Dover Falls Rd**  
CITY-ST-ZIP **Ormond Beach FL 32174**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DONALD R. KOELKER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 8 2003**  
Date

**386-679-1085**  
Daytime Phone #

CR2E034 (10/02)