2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 27, 2004 08:00 AM Secretary of State DOCUMENT # P95000047468 THE SAND BOX OF DAYTONA BEACH, INC. Principal Place of Business Mailing Address 1310 SOUTH ATLANTIC AVENUE 1310 SOUTH ATLANTIC AVENUE DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3321750 Not Applical Zip Ζιp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TABASKY, EDNA 152 SAND CASTLE DR Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32176 City 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. I am familiar with, and according the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature regulated when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May ₽ After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILE RTI F Delete ☐ Change U000000014730 TABASKY, EDNA NAME NAME 01/27/04-80035-003 150.00 STREET ADDRESS 152 SANDCASTLE DR. STREET ADDRESS CITY-ST- ZIP ORMOND BEACH FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Adi NAME TABASKY, ROBERT STREET ADDRESS 152 SANDCASTLE DR STREET ADDRESS ORMOND BEACH FL CITY ST-ZIP City-St-782 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ A.: NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ΠA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NEMF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 informatindicated 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 directly 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 changed, or on an attachment had other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Da

FILED

Daytime Phone #