

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040392

1. Entity Name

FLORIDA TESTING OF DAYTONA, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90087 039 ***150.00

Principal Place of Business

1412 INTREPID DR
STE C
DELAND FL 32724
US

Mailing Address

P.O BOX 633
DELAND FL 32721-0633
US

2. Principal Place of Business

1611 So. S.R. 15/A

Suite, Apt. #, etc.

4

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deland

City & State

4. FEI Number

59-3379254

Applied For

Not Applicable

Zip

32720

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUGGLE, JOHN E
1611 S SR15A., STE 4
DELAND FL 32720

Name

MURRAY - A. Oeth Jr.

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

1611 So S.R. 15/A

Suite 4

City

Deland

FL

Zip Code

32720

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

Murray A. Oeth Jr.

4-21-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME TUGGLE, JOHN
STREET ADDRESS 1137 VALLEY VIEW LANE
CITY-ST-ZIP DELAND FL 32720-2365

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

TITLE **STD** ☐ Delete
NAME OETH, MARIE T
STREET ADDRESS 1137 VALLEY VIEW LANE
CITY-ST-ZIP DELAND FL 32720-2365

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

MURRAY A. OETH JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2000

Date

904734-1289

Daytime Phone #

CR2E034 (9/99)