2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 03, 2001 8:00 am Secretary of State DOCUMENT # **P96000040392** FLORIDA TESTING OF DAYTONA. INC. 02-03-2001 90053 009 ***150.00 Principal Place of Business Mailing Address 1611 SO. S.R. 15/A P.O BOX 633 NUULUBUE **DELAND FL 32721-0633** DELAND FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3379254 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent TUGGLE, JOHN E 1611 S SR15A., STE 4 DELAND FL 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change NAME TUGGLE, JOHN NAME STREET ADDRESS 1137 VALLEY VIEW LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720-2365 TITLE **X**Delete TITLE __ Change ☐ Addition NAME OETH, MARIE T NAME STREET ADDRESS 1137 VALLEY VIEW LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720-2365 TITLE ☐ Delete TITI F Change Addition NAME NAME 1611 S. SRISA, Swite 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Deland, FL 32720 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition