

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90325 047 ***150.00

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DOCUMENT # P96000040392

1. Entity Name

FLORIDA TESTING OF DAYTONA, INC.



Principal Place of Business

1611 SO. S.R. 15/A

4

DELAND FL 32720

US

Mailing Address

P.O BOX 633

DELAND FL 32721-0633

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3379254

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OETH, MURRAY A JR.

1609 SO SR 15A

SUITE 5

DELAND FL 32720

Name

John E. Tuggle

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

1609 S. SR 15A #5

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

SIGNATURE

Murray A. Oeth Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-03

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 TUGGLE, John ☒ Change ☐ Addition
NAME 204 ERIC DR.
STREET ADDRESS Palm Coast, FL 32164
CITY-ST-ZIP

TITLE CEO ☐ Delete
NAME OETH, MURRAY A JR.
STREET ADDRESS 1611 S. SR. 15A, SUITE 4
CITY-ST-ZIP DELAND FL 32720

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

386-734-4038

Daytime Phone #

CR2E034 (10/02)