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1. Entity Name TEAM DAYTONA, INC.

Par Car Star

Principal Place of Business 3137 S'ATLANTICC AVE

2. Principal Place of Business

Suite, Apt. #, etc.

DAYTONA BEACH SHORES FL 32118

Malling Address

3. Mailing Address

Suite, Apt. #, etc.

3137 S ATLANTIC AVE

SUITE 1

DAYTONA BEACH SHORES FL 32118

DO NOT WRITE IN THIS SPACE

City & State	City & State		59=339157	Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	onal
6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent	
RAY, RICHARD 3137 S ATLANTIC AVE, STE 1 DAYTONA BEACH SHORES FL 32118		Name Street Add	ress (P.O. Box Number is Not Acceptable)	
		City	FI Zip Code	

•	The above named childy submits this statement for the purpose of changing its registered emberon registered against or early in the purpose of changing its registered emberon registered against or early in the purpose of changing its registered emberon against or early in the purpose of changing its registered emberon against the purpose of the	

SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	legistered Agent signature require	when reinstating)
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FEE_IS \$150.00 Fee will be \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD RAY, RICHARD 3137 S ATLANTIC AVE, STE 1 DAYTONA BEACH SHORES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- Change ☐ Addition
TITLE .		☐ Dolete	TITLE	Change Addition_

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

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.

NAME

STREET ADDRESS

**SIGNATURE** 

NAME STREET ADDRESS