2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State DOCUMENT # P96000074788 1. Entity Name DAYTONA BRICK & STONE, INC. 05-01-2002 91604 009 ***150 00 Principal Place of Business Mailing Address 2430 S NOVA RD 2430 S NOVA RD STF 9 STE 9 S DAYTONA FL 32119 S DAYTONA FL 32119 US 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 59-3403220 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name "HALLIDAY," BENJAMIN A Street Address (P.O. Box Number is Not Acceptable) UNIT 9 **SOUTH DAYTONA FL 32119** City Zio Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01) HALLIDAY, BENJAMIN A NAME NAME STREET ADDRESS 2430 S. NOVA RD. UNIT 9 STREET ADDRESS SOUTH DAYTONA FL 32119 CITY-ST-ZIP CITY-ST-ZIP JITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HALLIDAY, BENJAMIN A NAME 2430 S NOVA RD UNIT 9 STREET ADDRESS STREET ADDRESS CITY-ST-7IP S DAYTONA FL 32119 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with

SIGNATURE AND TOP DIRECTOR

FILED