

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044787

1. Entity Name
DOUGLAS A. DANIELS, P.A.

Principal Place of Business
523 N. HALIFAX AVE.
DAYTONA BEACH FL 32118

Mailing Address
523 N. HALIFAX AVE.
DAYTONA BEACH FL 32118

2. Principal Place of Business
501 N. Grandview Avenue
Suite, Apt. #, etc.
3rd Floor E
City & State
Daytona Beach, FL
Zip
32118
Country
USA

3. Mailing Address
501 N. Grandview Avenue
Suite, Apt. #, etc.
3rd Floor E
City & State
Daytona Beach, FL
Zip
32118
Country
USA

FILED
Jan 07, 2002 8:00 am
Secretary of State
01-07-2002 90004 011 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DANIELS, DOUGLAS A
523 N. HALIFAX AVE.
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent
Name
Douglas A. Daniels
Street Address (P.O. Box Number is Not Acceptable)
501 North Grandview Ave., 3rd Floor E
City
Daytona Beach, FL Zip Code
32118

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 DATE 1-4-02

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, 2002 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	DPST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIELS, DOUGLAS A		NAME		
STREET ADDRESS	523 N. HALIFAX AVE.		STREET ADDRESS	501 N. Grandview Ave., 3rd Floor E.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: President 1-4-02 (386) 255-8118

0012678 AV

CR2E034 (9/01)