

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078334

1. Entity Name
DAYTONA ROADSTERS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91300 005 ***150.00

Principal Place of Business
**1660B SOUTH SEGRAVE STREET
SOUTH DAYTONA FL 32119**

Mailing Address
**1660B SOUTH SEGRAVE STREET
SOUTH DAYTONA FL 32119**

2. Principal Place of Business
548 Old Daytona Rd
Suite, Apt. #, etc.

3. Mailing Address
548 Old Daytona Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Deland, FL
Zip
32724 Country
Volusia

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Deland, FL
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Volusia

4. FEI Number **59-3601681**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOPPEL, DIANA
1660B SOUTH SEGRAVE STREET
SOUTH DAYTONA FL 32119**

Name
Street Address (P.O. Box Number is Not Acceptable)
548 Old Daytona Rd
City **Deland** FL Zip Code **32724**

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

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, 2001 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 **D** ☐ Delete
NAME **HOPPEL, DIANA**
STREET ADDRESS **1660 SOUTH SEGRAVE STREET**
CITY-ST-ZIP **SOUTH DAYTONA FL 32119**

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

TITLE **PRESIDENT** ☐ Delete
NAME **SCOTT BUCKINGHAM**
STREET ADDRESS **548 Old Daytona Rd**
CITY-ST-ZIP **Deland, FL 32724**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **Diana Hoppe**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 904-740-1965
Date Daytime Phone #

CR2E034 (10/00)