

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000017562

1. Entity Name

Certified Estate planning of Daytona, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1227 Bel Aire Dr

Suite, Apt. #, etc.

3. Mailing Address

220 MASON Ave

Suite, Apt. #, etc.

City & State

DAYTONA Beach FL

Zip

32118

Country

USA

City & State

DAYTONA Beach FL

Zip

32119

Country

USA

4. FEI Number

593507952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

A. Michael Petker

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

1227 Bel Aire

City

DAYTONA Beach

FL

Zip Code

32118

**DO NOT WRITE
IN THIS SPACE**

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

A. Michael Petker

A. Michael Petker

4/30/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Petker, A.M.
1227 Bel Aire Dr
DAYTONA Beach FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400005678494--1
-06/04/02--01092--009
****150.00 ****150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

A. Michael Petker

A. Michael Petker 4/30/02

386-208-6003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)