

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90031 050 ***150.00

DOCUMENT # P98000031839

1. Entity Name
DAYTONA FINANCIAL SERVICES, INC.

Principal Place of Business

1205 MARBELLA LN

~~DAYTONA BEACH FL 32119~~

PORT ORANGE, FL 32129

Mailing Address

1205 MARBELLA LN

~~DAYTONA BEACH FL 32119~~

PORT ORANGE, FL 32129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3505725**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOWALEWSKI, EDWARD

1205 MARBELLA LN

~~DAYTONA BEACH FL 32119~~

PORT ORANGE, FL 32129

Name

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

City

FL

Zip Code

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)

DATE

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	P	<input type="checkbox"/> Delete
NAME	KOWALEWSKI, EDWARD A	
STREET ADDRESS	1205 MARBELLA LN	
CITY-ST-ZIP	DAYTONA BEACH FL 32119 PORT ORANGE, FL 32129	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KOWALEWSKI, BEVERLY C	
STREET ADDRESS	1205 MARBELLA LN	
CITY-ST-ZIP	DAYTONA BEACH FL 32119 PORT ORANGE, FL 32129	
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NAME		
STREET ADDRESS		
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: **Edward Kowalewski** 4-18-02 3867568760
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)