2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P98000060056

1. Entity Name

DAYTONA CRUISERS, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90645 001 ***150.00

HART, JOHN 2820 S ATLANTIC AVE DAYTONA BEACH FL 32118 TITLE MAME SIREET ADDRESS CITY-ST-ZIP MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP												
Suite, Apt. 4, etc. City & State City & State Address of Now Registered Agent There address of Now Registered Agent City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Num	720 E INTERNATIONAL SPEEDWAY BLVD 2820 S A				S ATLANTIC AVE	S ATLANTIC AVE			# 1004/004 110 APROL 1014 0044 0044 0044			
City & State Country See Countr	2. Principal Place of Business				3. Mailing Address							
Zip Country Zip Country 5, Certificate of Salus Desired \$8.75 Additional \$9.75 Additi	Suite, Apt	t. #, etc.	-	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
Country Zip Country Zip Country So. 75 Additional Fee Registered Agent So. 75 Additional Fee Registered A	City & Sta	ate		City & State				4.	FEI Number 59-3523533	├		
S. Name and Address of Current Registered Agent HART, JOHN L 2820 S ATLANTIC AVE DAYTONA BEACH FL 32118 City FL Zip Code S. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent and state a spaticular. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florids Department of State 19. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TILE MART. JOHN SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-29 TILE PAPT, JULE 2820 S ATLANTIC AVE DAYTONA BEACH FL 32118 Detect TILE MARE MARE SIRET ADDRESS CITY-ST-29 TILE MARE SIRET ADDRESS CITY-ST-29 TILE MARE MARE MARE SIRET ADDRESS CITY-ST-29 TILE MARE	Zìp		Country	Zip Country			ntry	5.		\$8.75	Additional	
HARTI, JOHN L 2820 S ATLANTIC AVE DAYTONA BEACH FL 32118 City FL Zip Code 6. 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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am fam	6. Name and Address of Current Registered Agent							7.	Name and Address of New Register			
2820 S ATLANTIC AVE DAYTONA BEACH FL 32118 City FL Zip Code							Nanie	- =:-				
DAYTONA BEACH FL 32118 City FL Zip Code	-		/C		Street A			ress (P.O. Box Number is Not Acceptable)				
S. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature, typead or private remoral registered agent and title # applicable. NOTE. Registered Agent signature required where retrictabing) DATE							•		**************************************		-	
SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							City		F	Zip Co	ode	
FILE NOW!!! FEEI \$5150.00 Make Check Payable to Florida Department of State 10.	8. The above the obliga	e named entity tions of registe	submits this statement for ered agent.	or the purp	oose of changing its	s register	ed office or regis	stered a	gent, or both, in the State of Florida. I a	m familiar wit	h, and accept	
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS	SIGNATURE	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOT	E: Registere	d Agent signature requ	juired when	reinstating) DAT	E		
TTILE MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	Afte	r May 1, 200	3 Fee will be \$550.00	f State					1			
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HART, JULIE 2820 S ATLANTIC AVE DAYTONA BEACH FL 32118 TITLE NAME STREET ADDRESS CITY-ST-ZIP	name Street address	HART, JOI 2820 S AT	LANTIC AVE		☐ Delete	NAM STRE	et address			☐ Change	Addition	
CITY-ST-ZIP	NAME	P Hart, Jul	JE		□ Delete	NAM	E			☐ Change	Addition	
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19. I haraby partify that the information complied with the filter standard with the filter stan	NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAME STREE	ET ADDRESS			☐ Change	Addition	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _