

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91640 021 ***550.00

DOCUMENT # P99000001505

1. Entity Name

D & B OF DAYTONA, INC.

Principal Place of Business

**444 SEABREEZE BLVD. #900
 DAYTONA BEACH FL 32118**

Mailing Address

**275 RIVERSIDE DR
 ORMOND BEACH FL 32176**

2. Principal Place of Business

100 Second Avenue N

3. Mailing Address

PO Box 429

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

St Petersburg, FL

City & State

St Petersburg, FL

4. FEI Number

59-3630271

Applied For

Not Applicable

Zip

33701

Country

USA

Zip

33731-0429

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HOOD, CHARLES D JR.

**444 SEABREEZE BLVD. #900
 DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent

Name

Ian F Irwin

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

100 Second Avenue North

Suite 200

City

St Petersburg

FL

Zip Code
33701

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.

Ian F Irwin

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

TITLE
PT
 NAME
HOOD, CHARLES D JR.
 STREET ADDRESS
444 SEABREEZE BLVD #900
 CITY-ST-ZIP
DAYTONA BEACH FL 32118

☒ Delete

TITLE
VPS
 NAME
MCGRATH, BARBARA
 STREET ADDRESS
275 RIVERSIDE DR
 CITY-ST-ZIP
ORMOND BEACH FL 32176

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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.

Ian F Irwin, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/02

Date

(727) 821-5178

Daytime Phone #

CP2E034 (9/01)