

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90245 023 \*\*\*150.00

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**DOCUMENT # P99000001505**

1. Entity Name

**D & B OF DAYTONA, INC.**



Principal Place of Business

**100 SECOND AVE N  
STE 200  
SAINT PETERSBURG FL 33701**

Mailing Address

**PO BOX 429  
ST. PETERSBURG FL 33731-0429**

2. Principal Place of Business

**333 3rd Avenue North**

3. Mailing Address

Suite, Apt. #, etc.

Suite 400

City & State

**St. Petersburg, FL**

City & State

Zip  
**33701**

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3630271**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**IRWIN, IAN F**

**100 SECOND AVE N**

**STE 200**

**SAINT PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

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

**333 3rd Avenue North, Suite 400**

City

**St. Petersburg,**

**FL**

Zip Code

**33701**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**VD  
MCGRATH, BARBARA  
275 RIVERSIDE DR  
ORMOND BEACH FL 32176**

TITLE ☐ Delete

**PSTD  
IRWIN, IAN F  
PO BOX 429  
ST. PETERSBURG FL 33731**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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12. 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:**

**SIGNATURE REQUIRED**

**Ian F. Irwin, President 4/30/03 (727)821-5178**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)