

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004891

1. Entity Name

BUMPER DOCTORS OF DAYTONA, INC

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90003 050 \*\*\*150.00

Principal Place of Business

Mailing Address

2271 OLD KINGS RD.  
DAYTONA BCH FL 32119

2271 OLD KINGS RD.  
DAYTONA BCH FL 32119-2470

2. Principal Place of Business

734 Hawks Ridge Road

3. Mailing Address

734 Hawks Ridge Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Orange Fl

City & State

Port Orange Fl

4. FEI Number

59-3552622

Applied For

Not Applicable

Zip

32127

Country

USA

Zip

32127

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARSON, MARK S  
2271 OLD KINGS RD.  
DAYTONA BCH FL 32119

Name

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

734 Hawks Ridge Road

City

Port Orange

FL

Zip Code

32127

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	Pearson, Mark S	734 Hawks Ridge Road	Port Orange Fl 32127		

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:

*Mark S. Pearson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00

Date

904-304-2773

Daytime Phone #

CR2E034 (9/99)