

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90308 041 ***150.00

DOCUMENT # P99000004891

1. Entity Name
BUMPER DOCTORS OF DAYTONA, INC.

Principal Place of Business
734 Hawks Ridge Road
Port Orange FL 32127

Mailing Address
734 Hawks Ridge Road
Port Orange FL 32127

2. Principal Place of Business
1476 Surrey Park Drive
 Suite, Apt. #, etc.

3. Mailing Address
1476 Surrey Park Drive
 Suite, Apt. #, etc.

City & State
Port Orange FL

Zip
32124

Country
Volusia

4. FEI Number
59-3552622

Applied For
☐ Not Applicable

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.
734 Hawks Ridge Road
Port Orange, FL 32127

Name
 Street Address (P.O. Box Number is Not Acceptable)
1476 Surrey Park Drive

City
Port Orange **FL** Zip Code
32124

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 _____ (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, 2001 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	P Mark Pearson 734 Hawks Ridge Road Port Orange-FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1476 Surrey Park Drive Port Orange FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Pearson** **MARK PEARSON** **4-24-01** **386-304-2773**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #