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## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P9900041033 1. Entity Name DAYTONAPRO, INC. 04-11-2001 90025 029 \*\*\*150.00 Principal Place of Business Mailing Address 540 SPOTTED SANDPIPER DR. 540 SPOTTED SANDPIPER DR. DAYTONA BEACH FL 32119 DAYTONA BEACH FL 32119 943222 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3575013 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARTLETT, LAURENCE H Street Address (P.O. Box Number is Not Acceptable) 125 N RIDGEWOOD AVE DAYTONA BEACH FL City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition VAN WAGENEN, CHRISTOPHER J NAME NAME STREET ADDRESS 540 SPOTTED SANDPIPER DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32119 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 paper is true and occurrate 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 laseker or trustee and baced to execute this report as required for the corporation or the laseker or trustee and the endowed the second of the corporation or the laseker or trustee and the endowed the second of the corporation or the laseker or trustee and the endowed the second of the corporation or the laseker or trustee and the endowed the endowe

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