

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90034 042 \*\*\*150.00

**DOCUMENT # P99000045196**

1. Entity Name  
**DAYTONA'S #1 COMPANY**

Principal Place of Business

Mailing Address

221 LAKE MIRIAM DRIVE  
LAKELAND FL 33813

221 LAKE MIRIAM DRIVE  
LAKELAND FL 33813-2141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

112 WILLOW BEND LANE  
Suite, Apt. #, etc.

P.O. Box 730716  
Suite, Apt. #, etc.

ORMOND BEACH, FL  
City & State

ORMOND BEACH, FL  
City & State

4. FEI Number

59-3579368

Applied For

Not Applicable

Zip

Country

32174 U.S.A.

Zip

Country

32173 U.S.A.

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

MORRISON, JOSEPH A  
3500 SOUTH FLORIDA AVENUE  
SUITE 3  
LAKELAND FL 33803

Name

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

City

FL

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)

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 D ☐ Delete  
NAME CANALIZO, ELIZABETH B  
STREET ADDRESS P.O. BOX 6435  
CITY-ST-ZIP LAKELAND FL 33807

TITLE ☒ Change ☐ Addition  
NAME P.O. Box 730716  
STREET ADDRESS Ormond Beach, FL 32173  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MOWDER, ROBERT D  
STREET ADDRESS P.O. BOX 6435  
CITY-ST-ZIP LAKELAND FL 33807

TITLE ☒ Change ☐ Addition  
NAME P.O. Box 730716  
STREET ADDRESS Ormond Beach, FL 32173  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-00 (904) 671-0991