

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070561

1. Entity Name

AUTO-BANK OF DAYTONA, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90243 002 ***150.00

Principal Place of Business

510 NORTH NOVA ROAD
DAYTONA BEACH FL 32114

Mailing Address

3962 SW 6TH PLACE
GAINESVILLE FL 32607-2722

60001433

2. Principal Place of Business

520 NORTH NOVA ROAD

3. Mailing Address

520 NORTH NOVA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DAYTONA BEACH, FLORIDA

City & State
DAYTONA BEACH, FLORIDA

4. FEI Number
#59-3637094

APPLIED FOR
Applied For
Not Applicable

Zip
32114

Country
VOLUSIA

Zip
32114

Country
VOLUSIA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKENNA, JOHN E
3962 SW 6TH PLACE
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name
Richard Nisbett
Street Address (P.O. Box Number is Not Acceptable)
520 N. NOVA ROAD

City
Daytona Beach FL Zip Code
32114

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 PRES/ TRAINER

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

(NOTE: Registered Agent signature required when reinstating)

4-16-2001

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONWAY, CRAIG 510 NORTH NOVA ROAD DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NISBETT, RICHARD 510 NORTH NOVA ROAD DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STT MCKENNA, JOHN E 3962 SW 6TH PLACE GAINESVILLE FL 32607-2722	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D CONWAY, CRAIG 520 NORTH NOVA ROAD DAYTONA BEACH, FLORIDA 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D NISBETT, RICHARD 520 NORTH NOVA ROAD DAYTONA BEACH, FLORIDA 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-16-2001

Date

904-255-9591

Daytime Phone #

CR2E034 (10/00)