

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State
 01-15-2002 90075 010 ***150.00

DOCUMENT # P99000086543

1. Entity Name
DAYTONA BEACH FINANCE CORP.

Principal Place of Business

661 BEVILLE ROAD. #116
SOUTH DAYTONA FL 32119

Mailing Address

661 BEVILLE ROAD. #116
SOUTH DAYTONA FL 32119

new address



2. Principal Place of Business

195 Coquina Ct
 Suite, Apt. #, etc.

3. Mailing Address

195 Coquina Ct
 Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

4. FEI Number

59-3604877

Applied For

Not Applicable

Zip

Country

32176

USA

Zip

Country

32176

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

DANIEL FRIEBIS & ASSOCIATES
3890 TURTLECREEK DRIVE
PORT ORANGE FL 32127

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, 2002 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 **BRETZEL, MICHAEL R**
STREET ADDRESS **795 S. YONGE STREET**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

*195 Coquina Ct
 Ormond Beach FL 32176*

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

*new address on both
 195 Coquina Ct
 Ormond Beach FL 32176*

TITLE **D** ☐ Delete
NAME **FORD, LAWRENCE D**
STREET ADDRESS **795 S. YONGE STREET**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

*195 Coquina Ct
 Ormond Beach FL 32176*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

1/07/02 386 672-2224

Date

Daytime Phone #

CR2E034 (9/01)