

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S32358

1. Entity Name

DAYTONA DANCE CENTER, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90040 036 ***150.00

Principal Place of Business Mailing Address
2408 S ATLANTIC AVE 2408 S ATLANTIC AVE
PO BOX 7714 PO BOX 7714
DAYTONA BCH SHRS FL 32116 DAYTONA BCH SHRS FL 32116-7714

712115

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 59-3053538 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRACZYK, GEORGE
~~2408 S ATLANTIC AVE~~
DAYTONA BEACH SHORES FL 32118

7. Name and Address of New Registered Agent

Name GRACZYK GEORGE
Street Address (P.O. Box Number is Not Acceptable)
108 HARRISON ROAD
DAYTONA BEACH SHORES FL 32118
City DAYTONA BEACH SHORES FL Zip Code 32118

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 - \$5.00 may be Added to Fees
Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	GRACZYK, GEORGE B	
STREET ADDRESS	2408 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BCH SHS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	GRACZYK GEORGE B	
STREET ADDRESS	108 HARRISON ROAD	
CITY-ST-ZIP	DAYTONA BCH SHRS FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 4 2000 (904) 258 5172

Date

Daytime Phone #