

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90117 046 ***150.00

DOCUMENT # L91828

1. Entity Name
FLORIDAY'S DEVELOPMENT CO.

Principal Place of Business

**3700 S. TAMiami TRAIL
 SUITE 230
 SARASOTA FL 34239
 US**

Mailing Address

**P.O. BOX 15582
 SARASOTA FL 34277
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3140330**

Applied For
 Not Applicable

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

**ROGERS, ANGUS C.
 3700 S. TAMiami TRAIL
 230
 SARASOTA FL 34239**

Name

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

SUITE 201

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

Angus C. Rogers

23 APR 2001

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

(NOTE: Registered Agent's 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPV** ☐ Delete
 NAME **ROGERS, ANGUS C.**
 STREET ADDRESS **3700 S. TAMiami TRAIL, SUITE 230**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☒ Change ☐ Addition
 NAME **SUITE 201**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **ROGERS, ANGUS C.**
 STREET ADDRESS **3700 S. TAMiami TRAIL, SUITE 230**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☒ Change ☐ Addition
 NAME **SUITE 201**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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.

SEANATHUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGUS C. ROGERS

23 APR 2001

9413629377

Date

Daytime Phone #

CR2E034 (10/00)