

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90120 017 ***150.00

DOCUMENT # S91152 ✓
 1. Entity Name
DAY TO DAY BOOKKEEPING, INC.

Principal Place of Business Mailing Address
2778 GREENDALE DR. 2778 GREENDALE DR.
SARASOTA, FL 34232 SARASOTA FL 34232

2. Principal Place of Business 3. Mailing Address
2778 GREENDALE DR. SAME AS ABOVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SARASOTA, FL SARASOTA, FL
 Zip Country Zip Country
34232 USA 34232 USA

4. FEI Number 65-0792885 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MONVILLE, ROBIN S
2778 GREENDALE DR.
SARASOTA FL 34232

7. Name and Address of New Registered Agent
 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: Robin S. Monville DATE: 4-27-01
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

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	<u>D</u> <input type="checkbox"/> Delete
NAME	<u>MONVILLE, ROBIN S</u>
STREET ADDRESS	<u>2778 GREENDALE DR.</u>
CITY-ST-ZIP	<u>SARASOTA FL 34232</u>
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robin S. Monville DATE: 4-27-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone * 941-342-7886

CR2E034 (10/00)