

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90030 034 ***150.00

904117



DO NOT WRITE IN THIS SPACE

DOCUMENT # V43460

1. Entity Name
DAY & DAY, P.A.

Principal Place of Business 2801 SW COLLEGE ROAD 13 OCALA FL 34474 US	Mailing Address 2801 SW COLLEGE ROAD 13 OCALA FL 34474-4430 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3120387	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**DAY, EUGENE R.
76226 NE 1ST ST.
OCALA FL 34470**

6226

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 _____ (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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAY, EUGENE R. 6226 NE 1ST ST OCALA FL 34470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAY, DOUGLAS E 3879 SE 60TH ST OCALA FL 34480 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Eugene R. Day, Sec. **1/17/00** **3522376161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)