

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 486278

1. Entity Name

DAYS CORPORATION OF LEE COUNTY, INC.

Principal Place of Business

*1343 LAHARA WAY
NEW PORT RICHEY
FL. 34655*

Mailing Address

*1343 LAHARA WAY
NEW PORT RICHEY
FL. 34655*

2. Principal Place of Business



Suite, Apt. #, etc.

City & State

Zip

DAYS CORPORATION
1343 Lahara Way - Trinity • New Port Richey, FL 34655

Country

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90040 027 ***150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1773545

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

*Dennis K. Rusnell
1343 LAHARA WAY
New Port Richey, FL. 34655*

Dennis Rusnell

1343 Lahara Way
New Port Richey, FL 34655-4650

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 *Dennis K. Rusnell*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *P-T* ☐ Delete
NAME *DENNIS K. RUSNELL*
STREET ADDRESS *1343 LAHARA WAY*
CITY-ST-ZIP *NEW PORT RICHEY FL 34655*

TITLE ☐ Change ☐ Addition
NAME *Dennis Rusnell*
STREET ADDRESS *1343 Lahara Way*
CITY-ST-ZIP *New Port Richey, FL 34655-4650*

TITLE *S* ☐ Delete
NAME *SHARLENE K. RUSNELL*
STREET ADDRESS *1343 LAHARA WAY*
CITY-ST-ZIP *NEW PORT RICHEY FL 34655*

TITLE ☐ Change ☐ Addition
NAME *Sharlene K. Rusnell*
STREET ADDRESS *1343 Lahara Way*
CITY-ST-ZIP *New Port Richey, FL 34655*

TITLE *V* ☐ Delete
NAME *CAROLYN LABUS*
STREET ADDRESS *2913 DEL MAR BLVD. #B-1*
CITY-ST-ZIP *CAPE CORAL, FL 33904*

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Dennis K. Rusnell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DENNIS K. RUSNELL - PRES

Date

Daytime Phone #

4/20/00

727/372-8368

CR2E034 (9/99)