

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90010 044 ***150.00

DOCUMENT # 622280

1. Entity Name

GEORGE E. DAY, P.A.

Principal Place of Business

Mailing Address

% GEORGE E. DAY
 32 BEAL PARKWAY SW
 FT. WALTON BCH. FL 32548-5398
 US

% GEORGE E. DAY
 32 BEAL PARKWAY SW
 FT. WALTON BCH. FL 32548-5391



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 **59-1927493**

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

DAY, GEORGE E.
32 BEAL PARKWAY SW
FT WALTON BEACH FL FL

Name

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

City

FL Zip Code
32548-5391

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME

PD
DAY, GEORGE E
32 BEAL PARKWAY S W
FT WALTON BCH. FL

☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

ST
DAY, DORIS
32 BEAL PARKWAY S W
FT WALTON BCH. FL

☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

V
MEADE, TIMOTHY I.
32 BEAL PARKWAY S W
FT WALTON BCH. FL

☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME

☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE
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STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

☐ 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:

George E. Day **GEORGE E. DAY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sr. Partner

1/4/2000

(850) 243-1234

Date

Daytime Phone #