

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90192 034 \*\*\*150.00

**DOCUMENT # 622280**

1. Entity Name

GEORGE E. DAY, PA.

Principal Place of Business

Mailing Address

% GEORGE E. DAY

% GEORGE E. DAY

32 BEAL PARKWAY SW

32 BEAL PARKWAY SW

FT. WALTON BCH. FL 32548-5396

FT. WALTON BCH. FL 32548

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

FORT WALTON BEACH FL 32548-5391

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DAY, GEORGE E 32 BEAL PARKWAY S W FT WALTON BCH. FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAY, DORIS 32 BEAL PARKWAY S W FT. WALTON BCH. FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEADE, TIMOTHY I. 32 BEAL PARKWAY S W FT WALTON BCH. FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-02

Date

850-243-1234

Daytime Phone #

CR2E034 (9/01)

*622280 / 653767*  
*attachments*  
*We are changing our name to Day & Meade, P.A.*  
*Have sent this registration to address below w/ ck for your info*  
*Thy*

**PARTNERSHIP REGISTRATION STATEMENT**

1. DAY and MEADE, P. A.  
(Name of Partnership)
2. Florida / Okaloosa County  
(State/County of Formation)
3. 59-1927493  
(FEI Number)
4. 32 Beal Parkway SW, Fort Walton Beach, Florida 32548-5391  
(Street Address of Chief Executive Office)
5. \_\_\_\_\_  
same as #4  
(Street Address of Principal Office in Florida, if applicable)

6. In accordance with s. 620.8105(1)(c)(1 & 2), Florida Statutes, required partner information is provided in one of the following options:

- ☐ Attached is a list of the names and mailing addresses of ALL partners and Florida Registration Numbers, if other than individuals, or:
- ☒ The name and street address of the agent in Florida who shall maintain a list of the names and addresses of all partners:

**NAME & FLORIDA STREET ADDRESS  
OF FLORIDA AGENT**

**IF OTHER THAN INDIVIDUAL,  
FLORIDA REGISTRATION  
NUMBER**

George E. Day

32 Beal Parkway SW  
Fort Walton Beach, Florida 32548-5391

If any of the partners are other than individuals, its entity name and Florida Registration Number must be listed below:

_____	_____
_____	_____
_____	_____
Partner Entity Name	Florida Document Number

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 25<sup>th</sup> day of April, 2002.

Signatures of TWO Partners:

George E. Day  
Timothy I. Meade

Typed or printed names of partners signing above: George E. Day  
Timothy I. Meade

Filing Fee:	\$50.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)