

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

1. Entity Name  
DAY WILBURN ASSOCIATES, INC.



Mailing Address  
1718 PEACHTREE ST., NW  
SUITE 461  
ATLANTA, GA 30309 US

**DO NOT WRITE IN THIS SPACE**



02262004      No Chg-P      CR2E034 (10/03)

4. FEI Number 58-2148874	Applied For
	Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

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000000086355  
09/12/04-80020-019 150.00

10. \_\_\_\_\_ OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dal

Daytime Phone #