

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K29597**

1. Entity Name
LAZY DAYS, INC.



FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90153 022 ***150.00

0129974 AT

Principal Place of Business
% EDWARD J. MEEHAN
~~79867 OVERSEAS HIGHWAY~~
ISLAMORAGA FL 33036

Mailing Address
P.O. BOX 971
ISLAMORADA FL 33036



2. Principal Place of Business
105 PALERMO DR
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 971
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ISLAMORADA, FL

City & State
ISLAMORADA, FL

Zip
33036

Country
U.S.A.

Zip
33036

Country
U.S.A.

4. FEI Number **65-0070522**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEEHAN, EDWARD J.
79867 OVERSEAS HIGHWAY
P.O. BOX 971
ISLAMORAGA FL 33036

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. 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D MEEHAN, EDWARD J.	79867 OVERSEAS HIGHWAY	105 PALERMO	
	D MEEHAN, LINDA J.	79867 OVERSEAS HIGHWAY	105 PALERMO	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Linda J. Meehan** **LINDA J. MEEHAN** **7/20/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
305-669-4938

CR2E034 (4/03)