

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L57775

1. Entity Name

JOSE O'DAYS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90172 043 ***150.00

Principal Place of Business

Mailing Address

8445 INTERNATIONAL DRIVE
 SUITE 144
 ORLANDO FL 32819

8445 INTERNATIONAL DRIVE
 SUITE 144
 ORLANDO FL 32819-9337

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8445 International Dr

Suite 140

Orlando

FL

32819



DO NOT WRITE IN THIS SPACE

4. FEI Number 42-4351957

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

THERAULT, MICHAEL
 8445 INTERNATIONAL DR #144
 STE. #144
 ORLANDO FL 32819

Name Max Stephenson
 Street Address (P.O. Box Number is Not Acceptable) 3104 Harrison Ave #A2
 City Orlando FL Zip Code 32809

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DAY, DENNIS	
STREET ADDRESS	8319 GREEN DOWNS COVE	
CITY-ST-ZIP	GERMANTOWN TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHS, SIMPSON	
STREET ADDRESS	EXEC. STE. #201, 17 WEST PONTOC	
CITY-ST-ZIP	MEMPHIS TN 38107	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Day, Dennis	
STREET ADDRESS	107 N. Germantown Pkwy	
CITY-ST-ZIP	Concordia TN 38018	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hughes, Simpson	
STREET ADDRESS	124 Timber Creek	
CITY-ST-ZIP	Concordia, TN 38018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)