

2000 UNIFORM BUSINESS REPORT (UBR)

0008984 AF

DOCUMENT # L99000003102

1. Entity Name
N.S. DAY COMM, L.L.C.

FILED

00 JAN 27 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1305 E. HELVENSTON STREET
LIVE OAK FL 32060

Mailing Address
1305 E. HELVENSTON STREET
LIVE OAK FL 32060-3465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Rt 22 Box 737
Suite, Apt. #, etc.

3. Mailing Address
Rt 22 Box 737
Suite, Apt. #, etc.

City & State
Lake City, FL
Zip
32024
Country
USA

City & State
Lake City, FL
Zip
32024
Country
USA

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAY, SHANNON
1305 E. HELVENSTON STREET
LIVE OAK FL 32060

Name
SHANNON DAY
Street Address (P.O. Box Number is Not Acceptable)
Rt 22 Box 737
City
Lake City FL Zip Code
32024

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

1-10-2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAY, SHANNON 1305 E. HELVENSTON STREET LIVE OAK FL 32060	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHANNON DAY Rt 22 Box 737 Lake City, FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003119584--1 -02/01/00--01134--003 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
N. SHANNON DAY
1-10-2000 904-752-7065

Date

Daytime Phone #

CR2E083 (9/99)