

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

Apr 28, 2000 8:00 am
Secretary of State

01-27-2000 90093 024 ***150.00

DOCUMENT # M80186

1. Entity Name

DAY COMMUNICATIONS, INC.

Principal Place of Business

1305 E. HELVENSTON ST.
P.O. BOX 130
LIVE OAK FL 32064
US

Mailing Address

1305 E. HELVENSTON ST.
P.O. BOX 130
LIVE OAK FL 32064-0130

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Rt 22 Box 737

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Lake City, FL

Zip

32024

Country

USA

4. FEI Number

59-2890407

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEEHAN, K. PATRICK
3050 BISCAYNE BOULEVARD
SUITE 501
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name N. 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

3/3/00

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	DAY, GEORGE R. JR.	
STREET ADDRESS	990 COLISEUM AVE.	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DAY, EDITH P.	
STREET ADDRESS	990 COLISEUM AVE.	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAY, N. SHANNON	
STREET ADDRESS	BENTWOOD LANE N/A	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BLACKWELL, DEAN	
STREET ADDRESS	RT. 6 MOJAVE AVE.	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, N. SHANNON	
STREET ADDRESS	Rt 22 Box 737	
CITY-ST-ZIP	LAKE CITY, FL 32024	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Shannon Day 4/17/00 (904) 362-1250

Date

Daytime Phone #

CR2E034 (9/99)