

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90117 001 \*\*\*\*61.25

0005246

**DOCUMENT # N16413**

1. Entity Name

**PALM BAY SERTOMA, INC.**



Principal Place of Business

C/O BENJAMIN Y. SAXON  
111 SOUTH SCOTT STREET  
MELBOURNE FL 32901-1262

Mailing Address

C/O BENJAMIN Y. SAXON  
111 SOUTH SCOTT STREET  
MELBOURNE FL 32901-1262

2. Principal Place of Business

**1536 RAINSVILLE ST**

3. Mailing Address

**1536 RAINSVILLE ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Palm Bay, FL**

City & State

**Palm Bay, FL**

Zip

**32909**

Country

**BREUARD**

Zip

**32909**

Country

**BREUARD**

4. FEI Number **59-2635661**

Applied For

☒

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SAXON, BENJAMIN Y.**  
**111 SOUTH SCOTT STREET**  
**MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **DANIEL A. DAY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1536 RAINSVILLE ST**

City

**Palm Bay**

FL

Zip Code

**32909**

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

**D. A. Day**

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

(NOTE: Registered Agent signature required when reinstating)

**7-29-03**

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DAY, DANIEL A</b>	
STREET ADDRESS	<b>1536 RAINSVILLE RD</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32909</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARTMAN, FRED</b>	
STREET ADDRESS	<b>3140 HIELD RD</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32904</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHITE, BETTY</b>	
STREET ADDRESS	<b>PO BOX 305 (4520 SAND POINT RD)</b>	
CITY-ST-ZIP	<b>GRANT FL 32949</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Linda White</b>	
STREET ADDRESS	<b>1383 San Filippo DR.</b>	
CITY-ST-ZIP	<b>Palm Bay, FL 32909</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHERY DAY</b>	
STREET ADDRESS	<b>1536 RAINSVILLE ST</b>	
CITY-ST-ZIP	<b>Palm Bay, FL 32909</b>	
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		

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 617, 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 life empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**7-29-03**

**321-676-0328**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Phone #

CR2E037 (4/03)