

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22911

1. Entity Name

EXTENDED DAY, INC.

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90009 011 ****61.25

Principal Place of Business

C/O JOHN E. STEARNS
557 RONNOC LANE
NEW SMYRNA BEACH FL 32168
US

Mailing Address

P.O. BOX 703214
NEW SMYRNA BEACH FL 32170
US

2. Principal Place of Business

3. Mailing Address

P O Box 1126

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Smyrna Beach

Zip

Country

Zip

Country

32170

USA

4. FEI Number

59-2905722

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

FOSTER, ELIZABETH
2026 TRAVLERS PALM DR
EDGEWATER FL 32141

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME STEARNS, JOHN E. ☐ Delete
STREET ADDRESS 2518 INDIA PALM DR
CITY-ST-ZIP EDGEWATER FL 32141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME STEARNS, CAROLYN A. ☐ Delete
STREET ADDRESS 3707 SAXON DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME FOSTER, ELIZABETH ☐ Delete
STREET ADDRESS 2026 TRAVELERS PALM DRIVE
CITY-ST-ZIP EDGEWATER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: Elizabeth A Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01 386-426-1923
Date Daytime Phone #

CR2E037 (10/00)