

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90641 050 ****61.25

DOCUMENT # N22911

1. Entity Name

EXTENDED DAY, INC.

Principal Place of Business

Mailing Address

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

PO BOX 1126
NEW SMYRNA BEACH FL 32170
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

96 Elizabeth Foster Ferguson

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2905722

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Ferguson, Elizabeth Foster

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

Elizabeth Foster Ferguson

3/22/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

D
STEARNS, JOHN E.
2518 INDIA PALM DR
EDGEWATER FL 32141

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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D
STEARNS, CAROLYN A.
3707 SAXON DRIVE
NEW SMYRNA BEACH FL 32169

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STREET ADDRESS
CITY-ST-ZIP
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FOSTER, ELIZABETH
2026 TRAVELERS PALM DRIVE
EDGEWATER FL 32141

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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 Foster Ferguson

3/22/02

586-426-1923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)