

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # N96000004991****1. Entity Name**
A DAY FOR CHARITY, INC.

Principal Place of Business	Mailing Address
6 HICKORY HILLS CIRCLE	6 HICKORY HILLS CIRCLE
LITTLE ROCK AR	LITTLE ROCK AR
722122766	722122766

2. Principal Place of Business
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0723718Applied 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**CRIST GARY MESQ.
1150 SOUTH US HIGHWAY #1, STE 401JUPITER FL
33477 US

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** **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	STD <input type="checkbox"/> Delete
NAME	RALTON GLORIA
STREET ADDRESS	51 BELLE MEADOW LANE
CITY-ST-ZIP	LITTLE ROCK AR
TITLE	VD <input type="checkbox"/> Delete
NAME	DAY GLEN E
STREET ADDRESS	6 HICKORY HILLS CIRCLE
CITY-ST-ZIP	LITTLE ROCK AR 722122766
TITLE	PD <input type="checkbox"/> Delete
NAME	RALSTON-DAY JENNIFER
STREET ADDRESS	6 HICKORY HILLS CIRCLE
CITY-ST-ZIP	LITTLE ROCK AR 722122766
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"/> 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	
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)(f), 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:** Jennifer Ralston-Day Pres 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)