

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED

Apr 04, 2001 8:00 am  
Secretary of State

03-19-2001 90477 031 \*\*\*150.00

DOCUMENT # P00000032741

1. Entity Name  
DAYRUNNERS, INC

Principal Place of Business  
8897 BANYAN COVE CIR.  
FT. MYERS FL 33919

Mailing Address  
8897 BANYAN COVE CIR.  
FT. MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

8897 Banyan Cove Cir Po Box 1631

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Fort Myers, FL

City & State  
Fort Myers, FL

Zip  
33902

Country  
U.S.

Zip  
33902

Country  
U.S.



DO NOT WRITE IN THIS SPACE

(65-0999391)

4. FEI Number

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

RABALAIS, MICHAEL  
8897 BANYAN COVE CIR.  
FT. MYERS FL 33919

Name  
Michael Rabalais

Street Address (P.O. Box Number Is Not Acceptable)

8897

BANYAN Cove Cir.

City  
Fort Myers

FL

Zip Code  
33919

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

Michael Rabalais

March 12, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P.D. MICHAEL RABALAIS 8897 BANYAN COVE CIRCLE FT. MYERS, FL. 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Michael Rabalais

March 14, 2001 (941) 481-1294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)