

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045627

1. Entity Name
BRYAN L. CODAY, INC.

Principal Place of Business
9041 SOUTHSIDE BLVD. SUITE 179
JACKSONVILLE FL 32256

Mailing Address
9041 SOUTHSIDE BLVD. SUITE 179
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

1140 mill creek Drive



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

4. FEI Number
59-3642042

Applied For
Not Applicable

Zip Country

32259

USA

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

CODAY, BRYAN L.
9041 SOUTHSIDE BLVD, SUITE 179
JACKSONVILLE FL 32256

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's signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CODAY, BRYAN L.
STREET ADDRESS 9041 SOUTHSIDE BLVD, SUITE 179
CITY-ST-ZIP JACKSONVILLE FL 32256

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-02-01 964239398

CR2034 (10/00)