

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2001 8:00 am
Secretary of State

02-08-2001 90369 022 ***150.00

DOCUMENT # P00000115787

1. Entity Name

DAYBREAK HOLDINGS, INC.

Principal Place of Business

Mailing Address

4569 SW HAMMOCK CREEK DRIVE
PALM CITY FL 34990

4569 SW HAMMOCK CREEK DRIVE
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1067454

Applied For

Not Applicable

Zip

34990

Country

MARTIN

Zip

34990

Country

MARTIN

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

SMOLINSKI, JERRY
4569 SW HAMMOCK CREEK DRIVE
PALM CITY FL 34990

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

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** ☒ Delete
NAME **SMOLINSKI, JERRY**
STREET ADDRESS **4569 SW HAMMOCK CREEK DRIVE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **P. 3.** ☐ Change ☒ Addition
NAME **DONNA L. SMOLINSKI**
STREET ADDRESS **4569 S.W. HAMMOCK CREEK DR.**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D / V P. / T.** ☒ Change ☐ Addition
NAME **JERRY SMOLINSKI**
STREET ADDRESS **4569 S.W. HAMMOCK CREEK DR.**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
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:

Donna L. Smolinski

DONNA L. SMOLINSKI PRES. 2-6-01 387-9684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)