

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90131 001 \*\*\*150.00

**DOCUMENT # P00000117779**

1. Entity Name  
**THIRD DAY, INC.**

Principal Place of Business  
**83 PINE RIDGE TRACE**  
**DESTIN FL 32541**

Mailing Address  
**P.O. BOX 5707**  
**DESTIN FL 32540**



2. Principal Place of Business  
**271 Longlake Drive**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Destin, Florida**

City & State

4. FEI Number  
**59-371867-1**

Applied For  
 Not Applicable

Zip  
**32650**

Country  
**Walton**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**FORRESTER, LELAND D**  
**83 PINE RIDGE TRACE**  
**DESTIN FL 32541**

## 7. Name and Address of New Registered Agent

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
**PT**  
 NAME  
**FORRESTER, LELAND D**  
 STREET ADDRESS  
**83 PINE RIDGE TRACE**  
 CITY-ST-ZIP  
**DESTIN FL 32541**

☐ Delete

TITLE  
**VS**  
 NAME  
**FORRESTER, DENISE M**  
 STREET ADDRESS  
**83 PINE RIDGE TRACE**  
 CITY-ST-ZIP  
**DESTIN FL 32541**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
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 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**271 Longlake Drive**  
**Destin, Florida 32550**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**271 Longlake Drive**  
**Destin, Florida 32550**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-12-01**

Date

Daytime Phone #

CR2F034 (5/01)

Attachment 979250

Doc. # P00000117779

To Whom It May Concern,

After reviewing this notice I realized I did not have the first one sent. This is the first time we have had to file due to this being a new corporation. I spoke to a lady, Carol A, in your office. She told me to send \$150 and a letter explaining this. We have relocated our office and I believe I have made the correct adjustments. If there are any questions, please contact us.

Thank you

Denise Forrester