## **DOCUMENT #** P01000018671

1. Entity Name

STAY FOR THE DAY, INC.

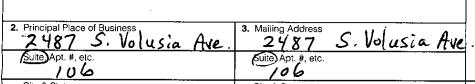
Principal Place of Business

Mailing Address

-852 SAXON BLVD.: STE: 336 **ORANGE CITY FL 32763** 

852 SAXON BLVD., STE: 939

ORANGE CITY FL 32763



FILED
May 02, 2002 8:00 am §
Secretary of State
05-02-2002 90098 029 \*\*\*150.00



248	7 S. Volusia Ave.	2487 S.	Volusia Av	e.			
	#, etc. <b>0 6</b>	Suite Apt. #, etc.		DO NOT WRITE IN TH	HIS SPACE		
City & Stai		City & State Orange City	1, Fl.	4. FEI Number 593 702 780	Applie Not Ap	ed For oplicable	
Zip 327 (			Volusia	5. Certificate of Status Desired	\$8.75 Addition Fee Required	nal	
<b>F</b>	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Register	ed Agent		
387 WIST	H, VERONICA B TERIA CT. A FL 32738	_	Street Address	Street Address (P.O. Box Number is Not Acceptable)			
8. The above	named entity submits this statement for signature, typed or printed name of registered agent an		gistered office or regist	ered agent, or both, in the State of Florida.		_	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEI  After May 1, 2002. Fee  Make Check Payable to I			Fee will be \$550.00		\$5.00 N Added to I		
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN	11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HORVATH, VERONICA B 387 WISTERIA CT. DELTONA FL 32738	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BEAUVAIS, VIVIENNE 440 PALM AVE. LAKE HELEN FL 32744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition	
_UTLE		De lete	_TITLE		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ De/ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition	
indicated	on this report or supplemental report is tr	ue and accurate and that my s	signature shall have the	ection 119.07(3)(i), Florida Statutes. I further same legal effect as if made under oath; that	it I am an officer or di	irector	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF