

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

04-22-2002 90299 023 ***150.00

DOCUMENT # P01000029501

1. Entity Name

SELYOURHOUSEIN9DAYS,INC.

Principal Place of Business

**415 MAGNOLIA AVE STE 206
MERRITT ISLAND FL 32952**

Mailing Address

**415 MAGNOLIA AVE STE 206
MERRITT ISLAND FL 32952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3721692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLEMAN, CHRISTOPHER J ESQ
1329 BEDFORD DRIVE STE 1
MELBOURNE FL 32940**

7. Name and Address of New Registered Agent

Name

McDONALD, J.D.

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

PO. 415 MAGNOLIA AV SUITE 206

City

MERRITT ISLAND

FL

Zip Code

32952

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)

05-08-02

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, 2002 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 **D**
NAME **McDONALD, J.D.**
STREET ADDRESS **PO BOX 542387**
CITY-ST-ZIP **MERRITT ISLAND, FL 32954-2387**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

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☐ 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 information.

SIGNATURE:

Signature of J.D. McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-02 321-453-4005

Date

Daytime Phone #

CR2E034 (9/01)