

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State

08-08-2002 90091 040 ***550.00

DOCUMENT # P01000100906

1. Entity Name
SHADY DAYS INC.

Principal Place of Business

**4642 PINE GREEN TRAIL
 SARASOTA FL 34241**

Mailing Address

**4642 PINE GREEN TRAIL
 SARASOTA FL 34241**

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

65.1150947

Applied For

Not Applicable

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

SANKO, TED

4642 PINE GREEN TRAIL

SARASOTA FL 34241

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P, V.P., T, S, D, C, H**
 STREET ADDRESS **TED SANKO**
 CITY-ST-ZIP **4642 PINE GREEN TR**
SARASOTA, FL 34241

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 TES SANKO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
#P01000/00906
123861

Shady Days, Inc.

4642 Pine Green Trail

Sarasota, FL 34241

e-mail: sales@shadydays.com

WWW.shadydays.com

1-866-332-2600

1-941-341-9542

1-941-377-9793 Fax

MEMO

Date: 8/05/02

To: Administrator

Phone:

From: Ted Sanko, owner

Subject: Payment of uniform business report

Message:

First ... I NEVER, NEVER, NEVER got an original bill at the beginning of 2002 for this "uniform business report" thing you are now billing me for.

Being that I am a one man start up company, I am very aware of any bills that come across my desk. So I certainly would have "noticed" a bill for this.

By the way, help me with something; what is a uniform business report form? What service do I get for it? Forgive me but this has the markings of a rip off and unfortunately one that is sponsored by the state of Florida.

Understand my frustration. I am a one man business trying to get a business off the ground and instead of helping me the state is taking money out of my pocket for some questionable thing that I never asked for.

Ted Sanko