2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000026583

1. Entity Name

Apr 07, 2003 8:00 am Secretary of State 04-07-2003 91015 021 ***150.00

FILED

SUSAN R. MERRYDAY, INC.

Principal Place of Business 265 HARTFORD AVENUE

DAYTONA BEACH FL 32118

Mailing Address

265 HARTFORD AVENUE DAYTONA BEACH FL 32118

2. Principal P	Place of Business	3. Mailing Address	ood Lar	1e			41 4 6164 4411 4 46 1	
Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
Palm Coast, FL Palm Coast			.EL	4.	4. FEI Number Applied For Not Applicable			
3213	7 CUITS A	-33137-	Country) S F	}	Certificate of Status Desired_	\$8.75 Ac	dditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
					lernyday, Susan R.			
MERRYDAY, SUSAN R				Street Address (P.O. Roy Number is Not Acceptable)				
265 HARTFORD AVENUE			Street At	Street Address (P.G. Box Number is Not Acceptable)				
DAYTONA BEACH FL 32118				,	3			
			City C	alm	Coast	FL Zip So	\$137	
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 rule il upplicarile. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Fin Trust Fund Contribution	· +•.	00 May Be ed to Fees	
10.	OFFICERS AND D	IRECTORS	11.		DDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
*TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERRYDAY, SUSAN R 265 HARTFORD AVENUE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Merr b	yday, Susar	nR. Schange	☐ Addition	
	DAYTONA BEACH FL 32118			payn	MUNDOT , FL		☐ Addition	
TITLE NAME		· Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
_ÇITY-ST-ZIP		· Alice - Commission	CITY-ST-ZIP	·5···		-7%		
TITLE		☐ Delete	TITLE	•	•	☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

NAME

NAME

CITY-ST-ZIP

STREET ADDRESS

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Delete

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