

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 26 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000056208**

1. Entity Name

LUKE DAY STA, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11911 US HWY ONE

3. Mailing Address
11911 US HWY ONE

Suite, Apt. #, etc.

111

Suite, Apt. #, etc.

111

City & State
NORTH PALM BEACH, FL

City & State
NORTH PALM BEACH, FL

Zip
33408

Country
USA

Zip
33408

Country
USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **SPEIGEL & UTRERA, P.A.**

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

1840 SW 22nd St. 4th Floor

City **MIAMI**

FL

Zip Code **33145**

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 **STIEGEL & UTRERA, P.A.**

9/24/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **POSD**
NAME **Kevin James PACE**
STREET ADDRESS **11911 US HWY ONE # 111**
CITY - ST - ZIP **NORTH PALM BEACH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
800029364128
09/26/03--01060--012 **\$50.00

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)