

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90135 001 ***550.00

DOCUMENT # P02000128803

1. Entity Name
MONDAY, INC.



Principal Place of Business
451 DRAGE DRIVE
APOPKA FL 32703

Mailing Address
451 DRAGE DRIVE
APOPKA FL 32703



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

30-0164251

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional**
- Fee Required

6. Name and Address of Current Registered Agent

REARDON, DENNIS J
547 DRAGE DRIVE
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name **Reardon, Dennis J.**
Street Address (P.O. Box Number is Not Acceptable)
451 Drage Drive
City **Apopka** FL Zip Code **32703**

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

Robert J. McCloskey V.P.

5-19-03

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

(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

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☒ Delete
NAME **REARDON, DENNIS J**
STREET ADDRESS **547 DRAGE DRIVE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **STD** ☒ Change ☐ Addition
NAME **Reardon, Dennis J.**
STREET ADDRESS **451 Drage Dr.**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **PD** ☒ Delete
NAME **REARDON, PILAR V**
STREET ADDRESS **547 DRAGE DRIVE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **PD** ☒ Change ☐ Addition
NAME **Reardon, Pilar V.**
STREET ADDRESS **451 Drage Dr.**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **VD** ☐ Delete
NAME **MCCLOSKEY, ROBERT J**
STREET ADDRESS **451 DRAGE DRIVE**
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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.

SIGNATURE:

Robert J. McCloskey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-03

4078800905

Date

Daytime Phone #

CR2E034 (10/02)